efile GRAPHIC print - DO NOT PROCESS As Filed Data -Form **990**

Return of Organization Exempt From Income Tax

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

2017

DLN: 93493140013049 OMB No 1545-0047

Department of the Treasury

▶ 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

Open to Public

| Interna | al Reven | nue Service | | | | | | Inspection | |
|--|------------------|----------------------------|---|---|-----------------|--|----------------|------------------------------|--|
| A F | or the | 2017 ca | elendar year, or tax year beg | ginning 07-01-2017 , and endin | g 06-30-2018 | B | | | |
| ☐ Ad | ldress c | | C Name of organization THE JEWISH COMMUNITY FOUND | PATION | | D Employ 94-6098 | | fication number | |
| ☐ Name change ☐ Initial return ☐ Final return/terminated | | urn | Doing business as | | | | | | |
| | ☐ Amended return | | Number and street (or P O box r 2121 ALLSTON WAY NO 200 | E Telephon | | | | | |
| □ Ap | plicatio | n pending | | ountry, and ZIP or foreign postal code | | (510) 8 | 39-2900 |) | |
| | | | BERKELEY, CA 94720 | | | G Gross re | ceipts \$ 1 | 1,537,720 | |
| | | | F Name and address of princ LISA TABAK | ipal officer | H(a) | Is this a group re | turn for | | |
| | | | 2121 ALLSTON WAY NO 200 BERKELEY, CA 94720 | | Н(b) | subordinates? Are all subordinat included? | es | □Yes ☑ No □Yes □No | |
| I Ta | ıx-exem | npt status | ✓ 501(c)(3) □ 501(c)() | ◀ (insert no) | 527 | If "No," attach a l | ıst (see | nstructions) | |
| J W | ebsite | e:► WW | W JFOUND ORG | | H(c) | Group exemption | number | • | |
| K For | m of or | ganızatıon | ☑ Corporation ☐ Trust ☐ A | ssociation Other | L Year | of formation 1962 | M State | of legal domicile CA | |
| Pa | rt I | Sumi | mary | | | | | | |
| | | | cribe the organization's mission | n or most significant activities CONTINUATION OF JEWISH SERVICE | ES IN THE COM | MUNITY | | | |
| ıce | | OFROVIL | DE AN ENDOWNENT FOR THE C | CONTINUATION OF JEWISH SERVICE | 3 IN THE COM | MONTH | | | |
| nar | - | | | | | | | | |
| Activities & Governance | , | Check this | s boy • I if the organization | discontinued its operations or dispo | sed of more th | an 25% of its net a | ccatc | | |
| Ğ | | | | ning body (Part VI, line 1a) | | | 3 | 35 | |
| ≫ | 4 | Number o | of independent voting members | of the governing body (Part VI, line | e 1b) | | 4 | 34 | |
| II e | 5 | Total num | nber of individuals employed in | calendar year 2017 (Part V, line 2a |) . | | 5 | 0 | |
| ₹ | 6 | Total num | nber of volunteers (estimate if i | necessary) | | | 6 | 0 | |
| ĕ | 7a ' | Total unre | elated business revenue from P | art VIII, column (C), line 12 | | | 7a | 0 | |
| | b | Net unrela | ated business taxable income f | rom Form 990-T, line 34 | <u> </u> | | 7b | 0 | |
| | | | | | | Prior Year | | Current Year | |
| Ġ | | | | 1h) | — | 8,752,9 | | 7,942,491 | |
| Rəvenue | 1 | - | service revenue (Part VIII, line | | 0 0 | | | | |
| Ç. | 1 | | nt income (Part VIII, column (A | 1,138,3 | | 2,665,842 | | | |
| | 1 | | | nes 5, 6d, 8c, 9c, 10c, and 11e) | | 853,9 10,745,3 | | 929,387 11,537,720 | |
| | + | _ | | must equal Part VIII, column (A), lir | ne 12) | | | <u> </u> | |
| | 1 | | oald to or for members (Part IX | (, column (A), lines 1–3) | | 7,098,8 | 0 | 6,882,223 | |
| ۰, | 1 | • | • | benefits (Part IX, column (A), lines | 5-10) | 872.5 | | | |
| Expenses | 1 | | | blumn (A), line 11e) | J-10) | 022,0 | 0 | 808,480 | |
| 9 | | | aising expenses (Part IX, column (D | , ,, | · | | \dashv | | |
| ञ | | | penses (Part IX, column (A), lin | 780.3 | 780,333 937,797 | | | | |
| | | | , | equal Part IX, column (A), line 25) | · - | <u>_</u> | 8,702,033 8,6 | | |
| | 1 | | , | from line 12 | | 2,043,2 | _ | 2,909,220 | |
| <u>১ %</u> | | | · | | Beg | jinning of Current Y | ear | End of Year | |
| Net Assets or Fund Balances | | | | | | | | | |
| Ass 1 Ba | | | ets (Part X, line 16) | | · - | 49,749,1 | | 52,733,078 | |
| ž ž | 1 | | ilities (Part X, line 26) s or fund balances Subtract lin | | · · | 826,6 48,922,5 | _ | 1,342,328 51,390,750 | |
| | 22 11 1 | | ature Block | e 21 Hom line 20 | | 40,922,3 | 719 | 51,390,750 | |
| Unde know | r pena ledge | ilties of pe and belief | erjury, I declare that I have exa | amined this return, including accomete Declaration of preparer (other t | | | | | |
| ally K | nowle | l i | | | | | | | |
| | | Signatu | re of officer | | | 2019-05-17 Date | | | |
| Sign Here | | , - | | | | | | | |
| Here | | | ABAK EXECUTIVE DIRECTOR r print name and title | | | | | | |
| | | 17 | rint/Type preparer's name | Preparer's signature | Date | | PTIN | | |
| Paid | d | | OWARD ZANGWILL | HOWARD ZANGWILL | 2019-05- | | 0002696 | 58 | |
| | ч pare | r F | rm's name FRINA ACCOUNTANC | Y CORPORATION | | Firm's EIN ► 94- | 3158857 | | |
| | Onl | 1 | rm's address ▶ 475 14TH STREET S | UITE 1200 | | Phone no (510) | 893-6908 | 1 | |
| | | <u> </u> | OAKLAND, CA 946: | 12 | | | | | |
| May t | the IRS | S discuss | this return with the preparer sl | nown above? (see instructions) . | | | ✓, | Yes 🗌 No | |
| For F | Paperv | work Red | luction Act Notice, see the s | eparate instructions. | Cat | No 11282Y | | Form 990 (2017 | |

Cat No 11282Y

Form **990** (2017)

| Form | 1 990 (2017) | | | | | Page 2 | | | | | | | |
|------|--|--------------------------------------|------------------|---------------------------|---|---------------|--|--|--|--|--|--|--|
| Par | t III Statement | of Program Service | e Accomplis | hments | | | | | | | | | |
| | Check if Sched | dule O contains a respo | onse or note to | any line in this Part III | | 🗆 | | | | | | | |
| 1 | Briefly describe the o | | | • | | | | | | | | | |
| WITH | | | | | OLAM (REPAIRING THE WORLD), T ATE A RICH, SUPPORTIVE, INCLUS | | | | | | | | |
| 2 | | undertake any significa r 990-EZ? | | | hich were not listed on | ☐ Yes ☑ No | | | | | | | |
| | If "Yes," describe the | | | | | | | | | | | | |
| 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 | Section 501(c)(3) and | | ons are required | to report the amount | e largest program services, as mea of grants and allocations to others | | | | | | | | |
| 4a | (Code |) (Expenses \$ | 6,882,223 | including grants of \$ | 6,882,223) (Revenue \$ |) | | | | | | | |
| | See Additional Data | , (| | | -,, , , , , , , , , , , , , , , , , | , | | | | | | | |
| 4b | (Code |) (Expenses \$ | | ıncludıng grants of \$ |) (Revenue \$ |) | | | | | | | |
| | See Additional Data | | | | | | | | | | | | |
| 4c | (Code |) (Expenses \$ | | ıncludıng grants of \$ |) (Revenue \$ |) | | | | | | | |
| | See Additional Data | | | | | | | | | | | | |
| 4d | Other program service | ces (Describe in Sched | ule O) | | | | | | | | | | |
| | (Expenses \$ | ınc | luding grants of | \$ |) (Revenue \$ |) | | | | | | | |
| 4e | Total program serv | rice expenses ▶ | 6,882,2 | 23 | | | | | | | | | |

or X as applicable

Section 501(c)(3) organizations.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

3

Page 3

Nο

Nο

Nο

Nο

4 5

Yes

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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16

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19

Yes

Yes

Nο Nο Yes

Nο Nο Nο Nο Nο Nο Nο Nο Nο Νo Nο

No

Nο

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Nο

Νo

No

Nο

Νo

Nο

Yes

Yes

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24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

36

37

Yes

Yes

Yes

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| • | , |
|----|---|
| ΙV | Checklist of Required Schedules (continued) |

Part 1 Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," 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?

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 🥞

29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

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

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

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|-----|--|------------|-----|--------|--|--|--|--|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | | | | | |
| _ | | | Yes | No | | | | |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a (Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b (1b (1c) | | | | | | | |
| | | | | | | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | Yes | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by | | | | | | | |
| | this return | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | 110 | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | |
| - | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No | | | | |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | | | |
| | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No | | | | |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | | | | | |
| | | 5c | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | | | | | |
| b | b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor? | 7a | | No | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | No | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | - | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | _ | | | | | | |
| _ | Did blas announchion di una blas com una una management discobile an individual la management announch | 7e | | No | | | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form | | | | | | | |
| | 1098-C ² | 7h | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during | | | | | | | |
| | the year? | 8 | | | | | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | |
| | Section 501(c)(7) organizations. Enter | | | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | † | | | | | | |
| | Section 501(c)(12) organizations. Enter | 1 | | | | | | |
| а | Gross income from members or shareholders | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | | | | | |
| | against amounts due or received from them) | - | | | | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | | | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | - | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for | | | | | | | |
| | additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in | 13a | | | | | | |
| | which the organization is licensed to issue qualified health plans | | | | | | | |
| | Enter the amount of reserves on hand | | | | | | | |
| - | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | | | | | |

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|-----|--|------------|-----------|---------------|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions | | nse to li | |
| Se | Check if Schedule O contains a response or note to any line in this Part VI | <u> </u> | | ✓ |
| - | Scion A. Governing Dody and Planagement | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 35 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 34 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8 b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | ≘.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt | | | |
| | status with respect to such arrangements? | 16b | | |
| Se | ection 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. | | | |
| | ✓ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest | | | |
| | policy, and financial statements available to the public during the tax year | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records THE JEWISH COMMUNITY FOUNDATION 2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 (510) 839-2900 | | | |

| orm 990 (2 | 017) | | | | | | | | | | Page 7 |
|------------------------------|--|--|--|-----------------------|---------|----------------|------------------------------|-------------|--|--|--|
| Part VII | Compensation of Officer and Independent Contra | | Truste | es, | Key | En | ıploy | ees | , Highest Comp | ensated Employ | rees, |
| | Check if Schedule O contains a | response or no | te to an | y line | ın t | his | Part V | Ι. | | | <u> </u> |
| Section | A. Officers, Directors, Tru | stees, Key E | mploy | ees | , an | d H | lighe | st C | Compensated En | nployees | |
| ear | e this table for all persons require | | | | | | | | | | - |
| of compensa | of the organization's current off tion Enter -0- in columns (D), (| E), and (F) if no | compe | nsatı | on v | vas į | paid | | | - | |
| | of the organization's current key | | • | | | | | | | | |
| vho received organization | organization's five current high d reportable compensation (Box and any related organizations | 5 of Form W-2 | and/or E | Зох 7 | of F | orm | 1099 | -MIS | SC) of more than \$1 | 00,000 from the | |
| of reportable | of the organization's former office compensation from the organiz | ation and any r | elated o | rganı | zatı | ons | - | | | | |
| List all operation | of the organization's former dire , more than \$10,000 of reportab | ectors or trust le compensation | ees that n from t | t rece the or | gan | l, ın ızatı | the ca | paci any | ty as a former direc v related organization | tor or trustee of the ons | 9 |
| | in the following order individua d employees, and former such p | | ectors, i | ınstıtı | utior | nal t | rustee | s, of | ficers, key employe | es, highest | |
| ☐ Check t | his box if neither the organizatio | n nor any relate | ed orgar | nizatio | on c | omp | ensate | d ar | ny current officer, di | rector, or trustee | |
| | (A) Name and Title | (B) Average hours per week (list any hours for related | (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- | (F) Estimated amount of other compensation from the organization and |
| | | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | | MISC) | related organizations |
| See Additiona | al Data Table | | | | | | | | | | |
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Form 990 (2017)

Page 8

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

(B) (D) (F) (A) (C) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from related from the compensation any hours director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Individual trustee or director Highest compensated employee related organizations Institutional Trustee below dotted organizations employee line) See Additional Data Table \blacktriangleright c Total from continuation sheets to Part VII, Section A . ▶ 244,778 104,409 d Total (add lines 1b and 1c) . 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual . 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 services rendered to the organization? If "Yes," complete Schedule I for such person . . . 5 Nο Section B. Independent Contractors 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 (B) (C) (A) Description of services Name and business address Compensation

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

Form 990 (2017)

| Part ' | | I Statement of | Revenue | | | | | | rage 3 |
|---|------------|---|----------------|------------|--------------------------|------------------------|--|---|--|
| | | | | a respo | onse 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 |
| | 1: | Federated campaig | ns | 1a | | | revenue | | 312-314 |
| Contributions, Gifts, Grants and Other Similar Amounts | | b Membership dues | | 1 b | | | | | |
| Gra not | | c Fundraising events | | 1c | | | | | |
| .S. ₹ | | d Related organizatio | ns | 1d | | | | | |
| Gif ilar | | e Government grants (co | | 1e | <u> </u> | | | | |
| S. E | | F All other contributions, | | | | | | | |
| tio sr.S | | and similar amounts n above | | 1f | 7,942,491 | | | | |
| 턜 | 1 | g Noncash contribution | ons included | | | | | | |
| a t | | ın lınes 1a-1f \$ | | 1,96 | 58,518 | | | | |
| Cont | <u> </u> | Total. Add lines 1a-1 | lf | | <u> </u> | 7,942,491 | | | |
| 활 | _ | | | | Business | Code | | | |
| ν. Ven | 2a - | | | - | | | | | |
| Service Revenue | b | , | | _ | | | | | |
| Š | C | | | | | | | | |
| ₹ | d | | | | | | | | |
| ram | e f | All other program se | | | | | | | |
| Program | | · - | | | | | | | |
| | | Total.Add lines 2a-21 | | | | 1 | 1 | 1 | |
| | | Investment income (ii similar amounts) . | | | interest, and other | 1,325,939 | | | 1,325,939 |
| | 4 | Income from investm | ent of tax-exe | mpt b | ond proceeds > | | | | |
| | 5 | Royalties | | | • | • | | | |
| | ~ - | Currents | (ı) Rea | l | (II) Personal | 4 | | | |
| | ьа | Gross rents | | | | | | | |
| | Ŀ | Less rental expenses | | | | 1 | | | |
| | , | : Rental income or | | | | - | | | |
| | Ì | (loss) | | | | _ | | | |
| | C | Net rental income o | <u> </u> | | | | | | |
| | 7- | Gross amount | (ı) Securit | ies | (II) Other | _ | | | |
| | <i>7</i> a | from sales of assets other | 1,3 | 39,903 | | | | | |
| | | than inventory | | | | | | | |
| | Ŀ | Less cost or other basis and | | | | 1 | | | |
| | | sales expenses | | 0 | | | | | |
| | | Gain or (loss) | · | 39,903 | | 1,339,903 | , | | 1,339,903 |
| | | I Net gain or (loss) . Gross income from fi | | | <u> </u> | 1,339,903 | | | 1,339,903 |
| <u> </u> | - | (not including \$ | | of | | | | | |
| Other Revenue | | contributions reporte See Part IV, line 18 | | a | } | | | | |
| ev Sev | Ŀ | Less direct expense | | ь | | - | | | |
| ie i | | : Net income or (loss) | | sing ev | ents | _ | | | |
| ŧ | 9 a | Gross income from g | | es | | | | | |
| ~ | | See Part IV, line 19 | | а | } | | | | |
| | Ŀ | Less direct expense | s | Ь | | 1 | | | |
| | c | : Net income or (loss) | from gaming | activit | ies ▶ | _ | | | |
| | 10 | Gross sales of invent returns and allowand | tory, less | | | | | | |
| | | returns and anowand | .65 | а | } | | | | |
| | Ŀ | Less cost of goods s | sold | b | | 1 | | | |
| | • | Net income or (loss) | from sales of | invent | tory . ► | | | | |
| | | Miscellaneous | | | Business Code | | | | |
| | 11 | •aADMINISTRATIVE F | EES | | 541900 | 914,027 | 914,027 | <u>'</u> | |
| | | | | | | | | | |
| | Ŀ | INCOME FROM TRUS | STS | | 541900 | 15,360 | | | 15,360 |
| | | | | | | | | | |
| | C | | | | | | | | |
| | | | | | | | | | |
| | | All other revenue . | | | | | | | |
| | € | Total. Add lines 11a | -11d | | • | 929,387 | , | | |
| | 12 | Total revenue. See | Instructions | | | 11,537,720 | 914,027 | , | 0 2,681,202 |
| | | | | | | . , - | , | | Form 990 (2017) |

| Form 990 (2017) | | | | Page 10 |
|---|-----------------------|------------------------------|---|-----------------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all col | lumns All other orga | anizations must comp | lete column (A) | |
| Check if Schedule O contains a response or note to any | line in this Part IX | | <u></u> | 🗆 |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 6,882,223 | 6,882,223 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 808,480 | | 808,480 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 17,008 | | 17,008 | |
| c Accounting | 40,700 | | 40,700 | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 92,697 | | 92,697 | |
| 12 Advertising and promotion | 12,585 | | 12,585 | |
| 13 Office expenses | 53,514 | | 53,514 | |
| 14 Information technology | | | , | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 1,928 | | 1,928 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 1,520 | | 1,520 | |
| 19 Conferences, conventions, and meetings | 5,091 | | 5,091 | |
| | 3,031 | | 3,031 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2 200 | | 2 200 | |
| 23 Insurance | 2,399 | | 2,399 | |
| expenses on Schedule O) | | | | |
| a ADMINISTRATIVE | 467,116 | | 467,116 | |
| b MGMT FEE TO FEDERATION | 219,113 | | 219,113 | |
| c MISCELLANEOUS | 25,646 | | 25,646 | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 8,628,500 | 6,882,223 | 1,746,277 | 0 |
| Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

0

52.150.878

442.913

67,278

52,733,078

1,275,050

1,342,328

51,390,750

51,390,750

52.733.078

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(B)

End of year

Page **11**

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

Part II of Schedule L

Notes and loans receivable, net Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Prepaid expenses and deferred charges

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments—program-related See Part IV, line 11

| 1 | Cash-non-interest-bearing | | 1 | |
|---|---|--------|---|--------|
| 2 | Savings and temporary cash investments | | 2 | |
| 3 | Pledges and grants receivable, net | | 3 | 88,161 |
| 4 | Accounts receivable, net | 50,611 | 4 | 51,126 |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part | | 5 | |

88,216

88.216

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

10a

10b

(A)

Beginning of year

6

8 9

10c

11 12

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14

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22 23

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33

34

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49.254.749

443,797

45,305

781.333

826,638

48.922.519

48,922,519

49.749.157

49,749,157

Assets 10a Land, buildings, and equipment cost or other

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

30

31

32

33

34

Liabilities 22

Fund Balances

Assets or

Net

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

| Revenue less expenses Subtract line 2 from line 1 | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|
| Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | 4 | | | | | | | |
| Net unrealized gains (losses) on investments | | 5 | | | | | | | |
| Donated services and use of facilities | | 6 | | | | | | | |
| Investment expenses | | 7 | | | | | | | |

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

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7

Part XII

Schedule O

Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) .

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

| (A) |)) . | | | 4 | 48,922,519 |
|-----|------|--|--|---|------------|
| | | | | 5 | -103,753 |
| | | | | 6 | |
| | | | | 7 | |
| | | | | 8 | -336,310 |

9

10

Page **12**

-926

51,390,750

Yes

Yes

Yes

2a

2b

2c

3a

3b

~

No

Nο

No

Form 990 (2017)

Additional Data

Software ID:

Software Version:

EIN: 94-6098382 Name: THE JEWISH COMMUNITY FOUNDATION

Form 990 (2017)

ENDOWMENT FUNDS TO HELP MEET THE NEEDS, PRESENT AND FUTURE, OF OUR PEOPLE

Form 990, Part III, Line 4a: JEWISH COMMUNITY FEDERATION OF THE GREATER EAST BAY WE WORK WITH THE JEWISH COMMUNITY FEDERATION OF THE GREATER FAST BAY TO MAKE GRANTS THAT PROMOTE THE CONTINUITY AND RICHNESS OF JEWISH LIFE AND WE COLLABORATE WITH THESE ORGANIZATIONS AND THEIR DONORS TO CREATE LONG-TERM

Form 990, Part III, Line 4b: AMERICAN ISRAEL EDUCATION FOUNDATION (AIEF) IS THE CHARITABLE ORGANIZATION AFFILIATED WITH AMERICA'S PRO-ISRAEL LOBBY (AIPAC) AND WAS CREATED IN 1990 AIEF MAKES ANNUAL GRANTS TO AIPAC WHICH PROVIDES GRANTS TO SUPPORT SELECT EDUCATIONAL PROGRAMS INCLUDING MIDDLE EAST RESEARCH.

EDUCATIONAL MATERIALS AND CONFERENCES. AND LEADERSHIP PROGRAMS FOR UNIVERSITY STUDENTS

Form 990, Part III, Line 4c:

THAN 100 DIFFERENT JEWISH AND SECULAR ORGANIZATIONS SERVING PEOPLE LOCALLY, NATIONALLY AND WORLDWIDE THESE DOLLARS ARE AT WORK EVERY DAY OF

LOCAL, REGIONAL AND STATE JEWISH AGENCIESTHE JEWISH COMMUNITY FOUNDATION, IN PARTNERSHIP WITH ITS DONORS, ANNUALLY AWARDS GRANTS TO MORE

THE YEAR TRANSFORMING LIVES AND ENRICHING COMMUNITIES, AT HOME AND AROUND THE GLOBE

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

| | ally flours | and a director/trastee) | | | | | | organization | organizacions | monn the | |
|--------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| DENNIS ALBERS DIRECTOR | 1 00 | × | | | | | | 0 | 0 | 0 | |
| MATHILDE ALBERS DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 | |
| MIKE BAKER DIRECTOR | 1 00 | x | | | | | | 0 | 0 | 0 | |
| ROBERTA COHN | 1 00 | × | | | | | | 0 | 0 | 0 | |

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| MIKE BAKER |
|--------------|
| DIRECTOR |
| ROBERTA COHN |
| DIRECTOR |
| BARRY COHN |

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

SANDY COLEN

JOSEPH FELSON

AMY FRIEDKIN

MIRIAM FRIEDKIN

MORTON FRIEDKIN

VICE-PRESIDENT

......

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

| | any nours | and a director/trustee) | | | | | | organization | organizations | organization and | |
|-----------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| HERBERT FRIEDMAN DIRECTOR | 1 00 | × | | | | | | 0 | 0 | 0 | |
| HOWARD GEIFMAN DIRECTOR | 1 00 | × | | | | | | 0 | 0 | 0 | |
| STEPHEN GOLDMAN DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 | |
| RICHARD GOODMAN DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 | |
| EVE GORDON-RAMEK | 1 00 | | | | | | | | | | |

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| RICHARD GOODMAN |
|------------------|
| DIRECTOR |
| EVE GORDON-RAMEK |
| DIRECTOR |

STEVE GREINETZ

LEO HMELNITSKY

.......

DIRECTOR

DIRECTOR

FRED ISAAC

DIRECTOR

TREASURER

JANET KING

DIRECTOR

RANDY KESSLER

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee\ any hours organizations from the organization

| | any nours | and a director/trustee) | | | | | | organization | organizations | from the | |
|----------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| JOEL KREISBERG DIRECTOR | 1 00 | x | | | | | | 0 | 0 | 0 | |
| MOSES LIBITZKY DIRECTOR | 1 00 | x | | | | | | 0 | 0 | 0 | |
| DR CHARLES LINKER DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 | |
| LOIS MARCUS | 1 00 | x | | | | | | 0 | 0 | 0 | |

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| DR CHARLES LINKER |
|-------------------|
| DIRECTOR |
| LOIS MARCUS |
| DIRECTOR |
| BARBARA ROTHBLATT |

......

DIRECTOR

DIRECTOR

EILEEN RUBY

KARLA SMITH

DEBORAH SOSEBEE

PRESIDENT

DIRECTOR

DIRECTOR

SECRETARY

ILENE WEINREB

RONALD RUBENSTEIN

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

DIRECTOR

LISA TABAK

RABBI JAMES BRANDT

EXECUTIVE DIRECTOR

CEO, EX-OFFICIO

| | any hours | and a director/trustee) | | | | | | organization | organizations | from the | |
|-----------------|---|-------------------------|-----------------------|-----|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | | Institutional Trustee | 101 | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| PAUL WEISS | 1 00 | × | | | | | | 0 | 0 | 0 | |
| DIRECTOR | | _ ^ | | | | | | | 0 | 0 | |
| GERALD YANOWITZ | 1 00 | | | | | | | | | | |

| | | ទ | Trustee | Ď | pensated | | | |
|--------------------------|------|---|---------|---|----------|---|---|--|
| PAUL WEISS DIRECTOR | 1 00 | х | | | | 0 | 0 | |
| GERALD YANOWITZ DIRECTOR | 1 00 | x | | | | 0 | 0 | |
| STEVE ZATKIN | 1 00 | × | | | | 0 | 0 | |

124,961

119,817

72,000

32,409

1 00

39 00 29 00

11 00

Х

......

......

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493140013049 TY 2017 Reasonable Cause Explanation Name: THE JEWISH COMMUNITY FOUNDATION **EIN:** 94-6098382 **Explanation:** LATE FILED RETURN DUE TO CCH SOFWARE OUTAGE

| efil | e GR | APHIC pri | <u>nt - DO N</u> O | T PROCESS | As Filed Data - | | | DLN: 9: | 3493140013049 |
|-------|-------------|-----------------------------------|-------------------------------|-------------------------------------|--|--|-------------------------------------|---|---|
| SC | H ED | ULE A | | Public (| Charity Staturganization is a sect | ion 501(c)(3) o mpt charitable | organization or trust. | ort | 2017 |
| Depar | tment of | the Treasury | ▶ Info | ormation abou | ► Attach to Form It Schedule A (Form www.irs.g | ections is at | Open to Public Inspection | | |
| Nam | e of th | ne organiza COMMUNITY F | | | • | | | Employer identific | ation number |
| | | | | | 4.24 | | | 94-6098382 | |
| | rt I | | | | us (All organization | | | see instructions. | |
| 1 | / ga | | • | | sociation of churches | 5 , | , | (Δ)(i). | |
| 2 | | • | | • | 1)(A)(ii). (Attach Sch | | | | |
| 3 | | | | | vice organization desc | • | • • | | |
| _ | | · | • | · | - | | | • | |
| 4 | Ш | | esearcn orga and state _ | nization operati | ed in conjunction with | a nospital descri | ped in section : | 17U(D)(1)(A)(III). E | nter the nospital's |
| 5 | | (b)(1)(A) | (iv). (Comple | ete Part II) | t of a college or unive | | | | ped in section 170 |
| 6 | | A federal, s | tate, or local | government or | governmental unit de | scribed in sectio | on 170(b)(1)(A | ()(v). | |
| 7 | ✓ | _ | | mally receives ((vi). (Complete | a substantial part of it Part II) | s support from a | governmental u | init or from the genera | al public described in |
| 8 | | | | | 170(b)(1)(A)(vi) | (Complete Part I | I) | | |
| 9 | | | | | escribed in 170(b)(1) ee instructions Enter | | | | ege or university or a |
| 10 | | from activit | ies related to income and | its exempt fun unrelated busin | (1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III) | taın exceptions, a | and (2) no more | than 331/3% of its su | pport from gross |
| 11 | | An organiza | ition organize | ed and operated | l exclusively to test fo | r public safety S | ee section 509 | (a)(4). | |
| 12 | | more public | ly supported: | organizations of | dexclusively for the be described in section 5 the type of supporting | 09(a)(1) or se d | ction 509(a)(2 |). See section 509(a | |
| а | | Type I. A so | supporting or n(s) the pow | ganızatıon oper | ated, supervised, or componit or elect a major | ontrolled by its s | upported organi | zation(s), typically by | |
| b | | Type II. A manageme | supporting on t of the sup | rganızatıon sup portıng organıza | ervised or controlled i | | | | |
| С | | Type III f | unctionally | | and C. supporting organizatio ons) You must com | | | | ted with, its |
| d | | Type III n functionally | on-function integrated | ally integrated The organization | d. A supporting organi n generally must satis t IV, Sections A and | ization operated fy a distribution i | ın connection wi requirement and | th its supported orgar | |
| e | | Check this | box if the org | anızatıon receiv | ved a written determir | nation from the II | | pe I, Type II, Type II | I functionally |
| f | | | | • | integrated supporting | organization | | | |
| g | | | | l organizations | ipported organization(| c) | | | |
| | | Name of support organization | orted | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (v) Amount in your governing document (see instruc | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | | Yes | No | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Tota | | want Dade | lian A-L N-1 | | structions for | Cat No 11285 | <u> </u> | Schedule A (Form 9 | |

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2013 (h) 2014 (c) 2015 (d) 2016 (a) 2017 (f) Total

| | (or fiscal year beginning in) | () | (-) | (-) | (, | (-) | |
|----|---|------------|-----------------|-----------|-----------|-----------|------------|
| 1 | Gifts, grants, contributions, and | 4 407 305 | 5 1 1 1 0 1 1 | 4 000 400 | 0.750.060 | 7.040.404 | 20.076.024 |
| | membership fees received (Do not | 4,107,295 | 5,141,941 | 4,032,128 | 8,752,969 | 7,942,491 | 29,976,824 |
| 2 | include any "unusual grant ") Tax revenues levied for the | | | | | | |
| 2 | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 4,107,295 | 5,141,941 | 4,032,128 | 8,752,969 | 7,942,491 | 29,976,824 |
| 5 | The portion of total contributions by | .,, | -,,- | .,, | -,, | .,, | |
| _ | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | 5,976,307 |
| | line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 | | | | | | 24,000,517 |
| | from line 4 | | | | | | |
| | Section B. Total Support | | | | | | |
| | Calendar year | (a)2013 | (b) 2014 | (c)2015 | (d)2016 | (e)2017 | (f)Total |
| | (or fiscal year beginning in) 🕨 | | | | | | |
| 7 | Amounts from line 4 | 4,107,295 | 5,141,941 | 4,032,128 | 8,752,969 | 7,942,491 | 29,976,824 |
| 8 | • | | | | | | |
| | dividends, payments received on | 1,235,261 | 1,955,386 | 986,974 | 1,206,818 | 1,325,939 | 6,710,378 |
| | securities loans, rents, royalties and | 1,233,231 | 1,555,555 | 300,371 | 1,200,010 | 1,525,555 | 0,710,570 |
| | income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | | | | | | | |
| | or loss from the sale of capital | 790,858 | 836,606 | 799,332 | 855,980 | 929,387 | 4,212,163 |

10 assets (Explain in Part VI)

Total support. Add lines 7 through Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

11

organization

instructions

supported organization

12

Schedule A (Form 990 or 990-EZ) 2017

14

40,899,365

▶ ☑

58 680 %

70 540 %

Section C. Computation of Public Support Percentage

Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2016 Schedule A, Part II, line 14

16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

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

and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization

| Р | Support Schedule for | | | | | | |
|-----|---|--------------------------|---------------------------|---------------------------|---------------------|-------------------|-------------------|
| | (Complete only if you cl the organization fails to | | | | | | er Part II. If |
| Se | ection A. Public Support | quality under t | ine tests listed i | below, please co | ompiete Part II., |) | |
| | Calendar year | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| _ | (or fiscal year beginning in) ▶ | (a) 2013 | (0) 2014 | (6) 2015 | (4) 2016 | (e) 2017 | (I) Iotai |
| 1 | Gifts, grants, contributions, and membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services | | | | | | |
| | performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are | | | | | | |
| | not an unrelated trade or business | | | | | | |
| 4 | under section 513 Tax revenues levied for the | | | | | | |
| - | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified persons that exceed the greater of | | | | | | |
| | \$5,000 or 1% of the amount on line | | | | | | |
| | 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | |
| S | from line 6) ection B. Total Support | | | | | | |
| | Calendar year | | | | | | |
| | (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 | | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | | |
| Ь | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from | | | | | | |
| | businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 12 | regularly carried on Other income Do not include gain or | | | | | | |
| 12 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, | | | | | | |
| 14 | 11, and 12) First five years. If the Form 990 is for | l r the organization | l 's first, second, th | L urd, fourth, or fift | l lax vear as a sec | ction 501(c)(3) o | l rganization. |
| | check this box and stop here | | | ,, | , | | ▶ □ |
| Se | ection C. Computation of Public S | Support Perce | ntage | | | | |
| 15 | Public support percentage for 2017 (lin | | | column (f)) | | 15 | |
| 16 | Public support percentage from 2016 S | chedule A, Part II | II, line 15 | | | 16 | |
| Se | ction D. Computation of Investr | nent Income | Percentage | | | | |
| 17 | Investment income percentage for 201 | 7 (line 10c, colur | nn (f) divided by | lıne 13, column (f | ·)) | 17 | |
| 18 | Investment income percentage from 20 | 016 Schedule A, I | Part III, line 17 | | | 18 | |
| | 331/3% support tests—2017. If the | organization did n | ot check the box | on line 14, and lir | ne 15 is more than | | e 17 is not |
| | more than 33 1/3%, check this box and s | | | | | | ightharpoons |
| | 33 1/3% support tests—2016. If the | | | | | | . — |
| _ | not more than 33 1/3%, check this box | - | | | · · | | ightharpoons |
| 20 | Private foundation. If the organization | - | - | | | | ightharpoons |

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, | | | | | |
|----|---|----|--|--|--|--|
| | describe the designation If historic and continuing relationship, explain | | | | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) | | | | | |
| | In Section 309(a)(1) or (2) | | | | | |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) | | | | | |
| | below | | | | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | | | | | |
| | determination | 3b | | | | |

| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | | | | | | |
|---|--|--|--|--|--|--|----|
| | determination | | | | | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use | | | | | | |
| | | | | | | | 4a |
| | checked 12a or 12b ın Part I, answer (b) and (c) below | | | | | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | | | | | |

| | | | | 3. |
|----|---|----|---------------|----|
| c | Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use | - | | |
| | | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | | |
| | checked 12a or 12b ın Part I, answer (b) and (c) below | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | | |
| | organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or | | $\overline{}$ | |
| | supervised by or in connection with its supported organizations | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections | | | |
| | 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support | | | |
| | to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes | | $\overline{}$ | |
| | | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and | | | |

| | | | , , | | | |
|----|--|----|-----|--|--|--|
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | | | | |
| | checked 12a or 12b in Part I, answer (b) and (c) below | | | | | |
| b | b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | | | | | |
| | | 4b | | | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support | | | | | |
| | to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes | 4c | | | | |
| 5а | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the | | | | | |
| | organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | 5a | | | | |

| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing | | |
|---|--|---|--|
| | organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a | | |
| | substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | | |

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," | | |
|----|---|---|---|
| | complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as | | i |

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

| Pa | rt IV Supporting Organizations (continued) | | | -9 |
|----|---|-----|---------|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI | 11c | | |
| | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | | | |
| _ | | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization | 2 | | |
| 5 | ection C. Type II Supporting Organizations | | | |
| | cetion c. Type 11 Supporting Organizations | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the | | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | |
| S | ection D. All Type III Supporting Organizations | | | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | Yes | No |
| | | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | | | |
| | | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | 3 | | |
| s | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | | ctions) | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | 2a | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard | 3b | | |

Schedule A (Form 990 or 990-EZ) 2017

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 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

| See instructions | | |
|--|--|--|
| 3 Excess distributions carryover, if any, to 2017 | | |
| a | | |
| b From 2013 | | |
| c From 2014 | | |
| d From 2015 | | |
| e From 2016 | | |
| f Total of lines 3a through e | | |
| g Applied to underdistributions of prior years | | |
| h Applied to 2017 distributable amount | | |
| Carryover from 2012 not applied (see instructions) | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | |
| 4 Distributions for 2017 from Section D, line 7 | | |
| <u> \$ </u> | | |
| Applied to underdistributions of prior years | | |
| | | |

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Additional Data

instructions)

Software ID: Software Version:

EIN: 94-6098382

Name: THE JEWISH COMMUNITY FOUNDATION

| Schedule A (| Form 990 or 990-EZ) 2017 Page | 8 |
|--------------|---|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, | _ |
| | Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, | |
| | Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V | |
| | Section D. lines 5, 6, and 8, and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See | |

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D (Form 990)

Supplemental Financial Statements

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

DLN: 93493140013049 OMB No 1545-0047

Assets included in Form 990, Part X

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

Open to Public ▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** THE JEWISH COMMUNITY FOUNDATION 94-6098382 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 610 2 Aggregate value of contributions to (during year) 6,271,943 Aggregate value of grants from (during year) 6.882.223 Aggregate value at end of year 51,727,060 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗹 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2017

| Par | t III | Organizations Ma | aintaining Coll | lections of | Art, Hist | torical T | reasur | es, or (| Other: | Similar A | ssets (| continued |) |
|------------|---------------|---|------------------------------|-----------------------------|---------------|-----------------------|---|-----------|----------|-------------|--------------|---------------------|-----------|
| 3 | | ng the organization's acqu ns (check all that apply) | uisition, accessior | n, and other | records, che | eck any of | the follo | owing tha | at are a | significant | use of it | s collection | n |
| а | | Public exhibition | | | | d 🗌 | Loan o | r exchan | ge prog | rams | | | |
| b | | Scholarly research | | | | е 🗌 | Other | | | | | | |
| С | | Preservation for future | generations | | | | | | | | | | |
| 4 | | vide a description of the c | | ections and | explain how | they furtl | ner the o | organızat | ion's ex | empt purpo | ose in | | |
| 5 | Dur | ing the year, did the orga ets to be sold to raise fun | | | | | | | | ılar | □ Y € | es 🗆 | No |
| Pa | rt IV | Escrow and Custo Complete if the org X, line 21. | | | on Form ! | 990, Part | IV, line | e 9, or r | eporte | d an amo | | | |
| 1a | | he organization an agent, uded on Form 990, Part X | | an or other ir | ntermediary | for contri | butions | or other | assets i | not | ☐ Ye | es 🗆 | No |
| b | If " | Yes," explain the arrangei | ment in Part XIII | and complet | e the follow | ving table | | Г | | - | Amount | | |
| c | Beg | inning balance | | | | | | | 1c | | | | |
| d | Add | itions during the year | | | | | | | 1d | | | | _ |
| е | Dist | ributions during the year | | | | | | | 1e | | | | |
| f | End | ıng balance | | | | | | | 1f | | | | |
| 2 a | Dıd | the organization include a | an amount on Fo | rm 990, Part | X, line 21, | for escrow | or cust | odial acc | ount lia | bility? | | - | — No |
| b | If "\ | Yes," explain the arranger | ment in Part XIII | Check here | ıf the expla | nation has | been p | rovided i | n Part > | (III | | _ |] |
| Pa | rt V | Endowment Fund | | | | | | | | | | | |
| | | | | (a)Current | | (b) Prior yea | | | | (d)Three ye | | (e)Four ye | ears back |
| 1 a | Begir | nning of year balance . | | | | | | | | | | | |
| b | Conti | ributions | | | | | | | | | | | |
| c | Net II | nvestment earnings, gain: | s, and losses | | | | | | | | | | |
| d | Gran | ts or scholarships | | | | | | | | | | | |
| е | | r expenditures for facilitie programs | es . | | | | | | | | | | |
| f | Admı | nistrative expenses . | | | | | | | | | | | |
| g | End o | of year balance | | | | | | | | | | | |
| 2 | Pro | vide the estimated percer | ntage of the curre | nt year end | balance (lır | ie 1g, colu | mn (a)) | held as | | | | | |
| а | Boa | rd designated or quasi-er | ndowment 🟲 | | | | | | | | | | |
| Ь | Peri | manent endowment 🕨 | | | | | | | | | | | |
| С | Ten | porarily restricted endow | vment 🕨 | | | | | | | | | | |
| | The | percentages on lines 2a, | , 2b, and 2c shou | ld equal 100 | % | | | | | | | | |
| 3а | org | there endowment funds ranization by | not in the posses | sion of the o | rganızatıon | that are h | eld and | admınıst | ered for | the | | Yes | 6 No |
| | | unrelated organizations | | | | | | | | | | a(i) | |
| b | If " | related organizations . Yes" on 3a(ii), are the rela | ated organization | | | | , | · · . | | | | a(ii) 3b | |
| 4 | Des | cribe in Part XIII the inte | | | 's endowme | ent funds | | | | | | | |
| Pa | rt VI | , , | | | on Form (| 200 Dawt | TV line | . 11. C | ` F | OOO Da | | 00.10 | |
| | Desc | Complete if the org | (a) Cost or oth (investme | er basis | (b) Cost or o | • | | | | epreciation | | (d) Book va | ilue |
| 1a | Land | | | + | | | | | | | | | |
| | Build | | | | | | | | | | | | |
| | | ehold improvements | | | | | + | | | | | | |
| | | · | | + | | 9 | 38,216 | | | 88,216 | | | 0 |
| | | oment | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 50,210 | | | |
| | Othe J. Ad | r · · · · <u> </u> | olumn (d) must e | ual Form oc | O Part Y o | olumn (R) | line 10 |)(c)) | | > | | | 0 |
| | an Au | a mies ta amough te (Co | nanni (u) must et | _f uai i Ullil 99 | U, Fail A, C | olullili (B) | , IIII e 10 | ハンノー | | - | l | | U |

| | See Form 990, Part X, line 12. | anızat | | | | | |
|--|---|----------|----------------------|-----------------|---------------|---------------------------------------|-------|
| | (a) Description of security or category (including name of security) | | (b) Book value | C | | od of valuation -year market value | |
| | al derivatives | | | | | | |
| 2) Closely- 3)Other | held equity interests | <u>·</u> | | | | | |
| 4) | | | | | | | |
| 3) | | | | | | | |
| E) | | | | | | | |
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| 5) | | | | | | | |
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| otal. (Colum | in (b) must equal Form 990, Part X, col (B) line 12) | • | | | | | |
| art VIII | Investments—Program Related. Complete if the organization answered 'Yes' on Form 9 | 90, P | art IV, lı | ne 11c. See | Form 990, | Part X, line 13. | |
| | | | ok value | | (c) Metho | od of valuation -year market value | |
| L) | | | | | USE OF ENU-OF | real market value | |
| 2) | | | | | | | |
| 3) | | | | | | | |
| 4) | | | | | | | |
| 5) | | | | | | | |
| 5) | | | | | | | |
| 7) | | | | | | | |
| 8) | | | | | | | |
| 9) | | | | | | | |
| | | | | | | | |
| otal. (Colum | n (b) must equal Form 990, Part X, col (B) line 13) | | | | | | |
| otal. (Colum Part IX | Other Assets. Complete if the organization answered 'Yes' of | on Form | n 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX | | on Forr | n 990, Pa | rt IV, line 11d | i See Form 9 | 990, Part X, line 15 (b) Book | value |
| Part IX | Other Assets. Complete if the organization answered 'Yes' of | on Form | n 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX 1) | Other Assets. Complete if the organization answered 'Yes' of | on Forn | n 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX (1) (2) (3) (3) | Other Assets. Complete if the organization answered 'Yes' of | on For | n 990, Pa | rt IV, line 11d | 1 See Form 9 | | value |
| 2) 3) (1) | Other Assets. Complete if the organization answered 'Yes' of | on Form | m 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX (2) (3) (3) (4) (5) (4) (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | Other Assets. Complete if the organization answered 'Yes' of | on Form | m 990, Pa | rt IV, line 11d | See Form 9 | | value |
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| Part IX (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | Other Assets. Complete if the organization answered 'Yes' of | on Form | n 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | Other Assets. Complete if the organization answered 'Yes' of | on Form | n 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | Other Assets. Complete if the organization answered 'Yes' (a) Description | | n 990, Pa | | See Form 9 | | value |
| Part IX 2) 3) 4) 5) 7) otal. (Colu | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes' (a) Description | | | | | (b) Book | value |
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| Part IX 1) 2) 3) 4) 5) 7) otal. (Colu Part X | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, Par | | (b) Book | value |
| Part IX 1) 2) 3) 4) 5) otal. (Colu Part X 1) Federal 1 2) 3) 7) | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, Par | | (b) Book | value |

Schedule D (Form 990) 2017

| | Complete if the organi | zation answered 'Yes' on Form 990, Part | IV, li | ne 12a. | | |
|-------------|---|---|------------------|---|-----------|-------------------------|
| 1 | Total revenue, gains, and other si | upport per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but no | ot on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains (losses) on i | nvestments | 2a | | | |
| b | Donated services and use of facili | ties | 2b | | | |
| С | Recoveries of prior year grants | | 2c | | | |
| d | Other (Describe in Part XIII) . | | 2d | | | |
| е | Add lines 2a through 2d | ' | | | 2e | |
| 3 | Subtract line 2e from line 1 . | | | | 3 | |
| 4 | Amounts included on Form 990, F | Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not included | d on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) . | | 4b | | | |
| С | Add lines 4a and 4b | | | | 4c | |
| 5 | Total revenue Add lines 3 and 40 | c. (This must equal Form 990, Part I, line 12) | | | 5 | |
| Par | | penses per Audited Financial Statem | | | Returi | n. |
| | | zation answered 'Yes' on Form 990, Part | IV, l | ne 12a. | | |
| 1 | Total expenses and losses per aud | dited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but no | ot on Form 990, Part IX, line 25 | ı | | | |
| а | Donated services and use of facili | ties | 2a | | | |
| b | Prior year adjustments | | 2b | | | |
| С | Other losses | | 2c | | | |
| d | Other (Describe in Part XIII) . | | 2d | | | |
| е | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line 2e from line 1 . | | | | 3 | |
| 4 | Amounts included on Form 990, P | Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included | d on Form 990, Part VIII, line 7b 🔒 🔒 | 4a | | | |
| b | Other (Describe in Part XIII) . | | 4b | | | |
| c | Add lines 4a and 4b | | | | 4c | |
| 5 | Total expenses Add lines 3 and 4 | Ic. (This must equal Form 990, Part I, line 18 |) . | | 5 | |
| Par | t XIII Supplemental Info | ormation | | | | |
| Prov XI, | vide the descriptions required for Pa lines 2d and 4b, and Part XII, lines | art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide | 4, Pari any a | t IV, lines 1b and 2b, Part idditional information | : V, line | 4, Part X, line 2, Part |
| | Return Reference | | Ex | planation | | |
| See A | Additional Data Table | | | | | |
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Page 4

| Page 5 | | Schedule D (Form 990) 2017 | | |
|---------------|----------------------|-----------------------------|--|--|
| | ormation (continued) | Part XIII Supplemental Info | | |
| | Explanation | Return Reference | | |
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Schedule D (Form 990) 2017

Additional Data

Software Version:

Software ID:

EIN: 94-6098382

BENEFIT IS RECOGNIZED AS OF JUNE 30, 2018, THE FOUNDATION HAS HAD NO UNCERTAIN TAX POSITI ONS THE FOUNDATION RECOGNIZES INTEREST AND PENALTIES. IF ANY, RELATED TO UNCERTAIN TAX PO SITIONS AS INCOME TAX EXPENSE INCOME TAX RETURNS FOR THE YEAR PRIOR TO 2013 ARE NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES. THE FOUNDATION IS RELYING ON ITS TAX-EXEMPT ST ATUS AND ITS ADHERENCE TO ALL APPLICABLE LAWS AND REGULATIONS TO PRESERVE THAT STATUS.

Name: THE JEWISH COMMUNITY FOUNDATION

Supplemental Information

Explanation

PART X, LINE 2 THE FOUNDATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF AN UNCERTAIN TAX POSITION ONL Y AFTER CONSIDERING THE PROBABILITY THAT A TAX AUTHORITY WOULD SUSTAIN THE POSITION IN AN EXAMINATION FOR TAX POSITIONS MEETING A MORE-LIKELY-THAN-NOT THRESHOLD. THE AMOUNT RECOGN IZED IN THE FINANCIAL STATEMENTS IS THE BENEFIT EXPECTED TO BE REALIZED UPON SETTLEMENT WI TH THE TAX AUTHORITY FOR TAX POSITIONS NOT MEETING THE THRESHOLD, NO FINANCIAL STATEMENT

Return Reference

| efile GRAPHIC print - D | O NOT PROCESS | As Filed Data - | | | | | DLI | N: 934931400 | 13049 | |
|--|---|---|------------------------------|--|---|-------------------------|---------------|---|---------|--|
| Schedule I (Form 990) Department of the | 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 2017 Open to Public | | |
| Treasury Internal Revenue Service | ► Infor | mation about Schedu | le I (Form 990) and its | instructions is at <u>wи</u> | w.irs.gov/form990. | | | Inspection | | |
| Name of the organization THE JEWISH COMMUNITY FOU | NDATION | | | | | | • | ation number | | |
| Part I General Info | rmation on Grants | and Assistance | | | | 94-60 | 098382 | | | |
| the selection criteria use Describe in Part IV the c | ed to award the grants organization's procedu | or assistance? res for monitoring the u | se of grant funds in the U | nited States | for the grants or assistant | | Part IV line | ✓ Yes | □ No | |
| | | | ditional space is needed | The o | rganization answered fes | on Form 990, | Part IV, line | zi, for any recip | | |
| (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) Descr noncash as | | (h) Purpose of or assistance | f grant | |
| (1) See Addıtıonal Data | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| | | - | s listed in the line 1 table | | | | , b | | 163 | |
| For Paperwork Reduction Act No | otice, see the Instruction | ons for Form 990. | | Cat No 50055 | 5P | | Sch | edule I (Form 990 |) 2017 | |

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

(3) (4)

Explanation

Schedule I (Form 990) 2017

(5)

(6)

(7)

Part IV

PART I, LINE 2

Return Reference

ORGANIZATION AND CAN REQUEST A REPORT AT THAT TIME

SELECTED GRANTS ARE SUBJECT TO REPORTING REQUIREMENTS ALL GRANTS ARE GIVEN WITH THE UNDERSTANDING THAT FUNDS SHOULD BE DIRECTED TO THE

PURPOSE SPECIFIED IN THE GRANT TRANSMITTAL LETTER. IF THERE IS CONCERN ABOUT FUNDS NOT BEING USED PROPERLY WE FOLLOW UP DIRECTLY WITH THE

Page **2**

Schedule I (Form 990) 2017

Additional Data

BERKELEY, CA 94720

FOUNDATION 251 H STREET NW WASHINGTON, DC 20001

AMERICAN ISRAEL EDUCATION

Software ID: **Software Version:**

52-1623781

EIN: 94-6098382

501(C)(3)

Name: THE JEWISH COMMUNITY FOUNDATION

GENERAL PURPOSES

| Form 990, Schedule I, Part | orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|--|--|-------------------------------|-----------------------------|--|---|---|------------------------------------|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | | |
| JEWISH FEDERATION OF THE GREATER EAST BAY 2121 ALLSTON WAY SUITE 200 | 94-1156560 | 501(C)(3) | 694,744 | | | | GENERAL PURPOSES | | | | | |

390,405

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance HEAD ROYCE SCHOOL 94-1518656 501(C)(3) 323.500 IGENERAL PURPOSES 4315 LINCOLN AVENUE OAKLAND, CA 94602 94-3141287 501(C)(3) 304,248 GENERAL PURPOSES

OAKLAND HEBREW DAY SCHOOL

5500 REDWOOD ROAD OAKLAND, CA 94619

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-6098382 501(C)(3) 235.823 THE JEWISH COMMUNITY IGENERAL PURPOSES FOUNDATION 2121 ALLSTON WAYSUITE 200

233.920

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

501(C)(3)

BERKELEY, CA 94704 TEMPLE SINAL

2808 SUMMIT STREET OAKLAND, CA 94609

94-1156845

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-3585888 501(C)(3) 230.000 GENERAL PURPOSES AMERICAN FRIENDS OF REUT INSTITUTE 8383 WILSHIRE BLVD SUITE

226,500

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

501(C)(3)

400

BEVERLY HILLS, CA 90211

27-4349643

URBAN ADAMAH

1050 PARKER ST BERKELEY, CA 94710

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 95-4241332 501(C)(3) 165.750 GENERAL PURPOSES CHABAD JEWISH CENTER OF OAKLAND

3008 LAKESHORE AVENUE OAKLAND, CA 94610 94-1156365 501(C)(3) 126.000 GENERAL PURPOSES STANFORD UNIVERSITY

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

DEVELOPMENT SERVICESPO BOX 20466

STANFORD, CA 94309

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance REUTLINGER COMMUNITY FOR 94-2833147 501(C)(3) 123.899 IGENERAL PURPOSES JEWISH LIVING

4000 CAMINO TASSAJARA
DANVILLE, CA 94506

JEWISH FAMILY & COMMUNITY
SERVICES EAST BAY
2484 SHATTUCK AVE SUITE
210

GENERAL PURPOSES

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

BERKELEY, CA 94704

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-2539545 501(C)(3) 101.718 CONGREGATION KOL SHOFAR IGENERAL PURPOSES 215 BLACKFIELD DR TIBURON, CA 94920

98,330

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

501(C)(3)

LEHRHAUS JUDAICA

PO BOX 6718 ALBANY, CA 94706 94-3001353

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance JCC FAST BAY 71-0995500 501(C)(3) 93.064 IGENERAL PURPOSES 1414 WALNUT STREET

90,750

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

501(C)(3)

BERKELEY, CA 94709
TEMPLE ISAIAH

945 RISA ROAD LAFAYETTE, CA 94549 94-1626373

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 52-1758790 501(C)(3) 84.027 BERKELEY HILLEL IGENERAL PURPOSES

82,510

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

501(C)(3)

2736 BANCROFT WAY
BERKELEY, CA 94704

94-1566830

CONGREGATION BETH ISRAEL

1630 BANCROFT WAY BERKELEY, CA 94703

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 13-1663143 501(C)(3) 75.800 UNION FOR REFORM JUDAISM IGENERAL PURPOSES 711 GRAND AVENUE SUITE 280

SAN RAFAEL, CA 94901

UNIVERSITY OF CALIFORNIA
BERKELEY FOUNDATION
GIFT OPERATIONS 2080
ADDISON STREET
4200

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

BERKELEY, CA 94720

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 1EWISH FEDERATION OF THE 94-1156560 501(C)(3) 72 577 GENERAL PURPOSES

| | (-/(-/ | | | |
|----------------------------|--------|--|--|--|
| EAST BAY | | | | |
| 2121 ALLSTON WAY SUITE 200 | | | | |
| BERKELEY, CA 94720 | | | | |
| | | | | |

70.528

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

501(C)(3)

BETH JACOB CONGREGATION

3778 PARK BLVD OAKLAND, CA 94610 94-1156833

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 94-3349377 501(C)(3) 61.780 GENERAL PURPOSES JEWISH COMMUNITY HIGH SCHOOL OF THE BAY 1835 FILIS STREET SAN FRANCISCO, CA 94115

OAKLAND PUBLIC EDUCATION 43-2014630 501(C)(3) 61.500

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

OAKLAND, CA 94612

GENERAL PURPOSES FUND PO BOX 71005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-1657474 501(C)(3) 61.000 GENERAL PURPOSES UCSF BENIOFF CHILDREN'S HOSPITALS FOUNDATION 2201 BROADWAY SUITE 600

OAKLAND, CA 94612

HILLEL THE FOUNDATION

JEWISH CAMPUS LIFE

HILLEL THE FOUNDATION FOR 22-6071127 501(C)(3) 58,810

JEWISH CAMPUS LIFE 70 WASHINGTON ROAD PRINCETON, NJ 08540

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 1EWISH FEDERATION OF 34-0714445 501(C)(3) 55 000 GENERAL PURPOSES

FLOOR

NEW YORK, NY 10017

| CLEVELAND 25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 | 34 0/14443 | 301(0)(3) | 33,000 | | GENERAL FOR GOES |
|--|------------|-----------|--------|--|------------------|
| PEF ISRAEL ENDOWMENT FUNDS INC 630 THIRD AVENUE 15TH | 26-0043932 | 501(C)(3) | 50,360 | | GENERAL PURPOSES |

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

| LIBFORALL FOUNDATION 1959 N PEACE HAVEN ROAD 357 WINSTONSALEM, NC 27106 | 75-3141514 | 501(C)(3) | 50,000 | | GENERAL PURPOSES |
|--|------------|-----------|--------|--|------------------|
| THE AMERICAN SOCIETY OF | 13-6220819 | 501(C)(3) | 50,000 | | GENERAL PURPOSES |

220 FIFTH AVENUE SUITE 1301

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

NEW YORK, NY 10001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-3213100 501(C)(3) 48.254 TIDES CENTERSHALOM BAYIT IGENERAL PURPOSES PO BOX 2883 BERKELEY, CA 94702 94-2960297 501(C)(3) 46.610 GENERAL PURPOSES

ALAMEDA COUNTY COMMUNITY FOOD BANK PO BOX 2599

OAKLAND, CA 94614

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-1156533 501(C)(3) 46.479 GENERAL PURPOSES JEWISH COMMUNITY FEDERATION OF SAN

45,550

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

501(C)(3)

FRANCISCO
121 STEUART STREET
SAN FRANCISCO, CA 94105

JEWISH NATIONAL FUND

42 EAST 69TH STREET NEW YORK, NY 10021 13-1659627

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 94-3255845 501(C)(3) 44.300 GEORGE MARK CHILDREN'S IGENERAL PURPOSES HOUSE 94-1156533 501(C)(3) 43.996 GENERAL PURPOSES

2121GEORGE MARK LANE SAN LEANDRO, CA 94578 JEWISH COMMUNITY FEDERATION AND ENDOWMENT FUND OF SAN FRANCISCO

121 STEUART STREET SAN FRANCISCO, CA 94105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 43.000 THE NATURE CONSERVANCY 53-0242652 IGENERAL PURPOSES 201 MISSION ST 4TH FLOOR

201 MISSION ST 4TH FLOOR
SAN FRANCISCO, CA 94105

CONTRA COSTA JEWISH DAY
SCHOOL
955 RISA ROAD

GENERAL PURPOSES

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

LAFAYETTE, CA 94549

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 40.000 THE AMERICAN ISLAMIC 71-0940051 IGENERAL PURPOSES FORUM FOR DEMOCRACY

PO BOX 1832
PHOENIX, AZ 85001

CONGREGATION B'NAI TIKVAH 94-2824039 501(C)(3) 38,900 GENERAL PURPOSES

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

25 HILLCROFT WAY WALNUT CREEK, CA 94596

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance GROWGOOD 45-5472840 501(C)(3) 35.000 GENERAL PURPOSES 1150 CHARM ACRES PLACE PACIFIC PALISADES, CA 90272 13-0434195 501(C)(3) 34.271 GENERAL PURPOSES

AMERICAN SUPPORT FOR

WASHINGTON, DC 20010

ISRAEL PO BOX 3263

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance WASHINGTON INSTITUTE FOR 52-1376034 501(C)(3) 32 750 GENERAL PURPOSES

| NEAR EAST POLICY 1111 19TH ST NW SUITE 500 WASHINGTON, DC 20036 | 32 13/003 1 | 301(0)(3) | 32,730 | | DENEROLE FOR OSES |
|---|-------------|-----------|--------|--|-------------------|
| ISRAEL21C 44 MONTGOMERY ST 41ST | 77-0571579 | 501(C)(3) | 31,000 | | GENERAL PURPOSES |

FLOOR

SAN FRANCISCO, CA 94104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 94-2990386 501(C)(3) 30.500 GENERAL PURPOSES KEHILLA COMMUNITY

SYNAGOGUE AND SCHOOL 1300 GRAND AVENUE PIEDMONT, CA 94610 REGENTS OF THE UNIVERSITY 94-6002123 501(C)(3) 30.000 IGENERAL PURPOSES

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

OF CALIFORNIA AT BERKELEY 101 ZELLERBACH HALL 4800 BERKELEY, CA 94720

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-6103646 501(C)(3) 29.945 THE MAGNES COLLECTION OF IGENERAL PURPOSES JEWISH ART AND LIFE

2121 ALLSTON WAY BERKELEY, CA 94720

45-4437061 501(C)(3) 29.500 WILDERNESS TORAH

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

2095 ROSE STREET SUITE 202 BERKELEY, CA 94709

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance JEWISH COMMUNITY 94-1156335 501(C)(3) 29,404 GENERAL PURPOSES

| RELATIONS COUNCIL OF SAN | | | | |
|--------------------------|--|--|--|--|
| FRANCISCO | | | | |
| 121 STEUART ST 301 | | | | |
| SAN FRANCISCO, CA 94105 | | | | |
| | | | | |

29,260

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

501(C)(3)

13-5623717

NCSY SUMMER PROGRAMS

11 BROADWAY 14TH FLOOR NEW YORK, NY 10004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-1375793 501(C)(3) 29.250 TEMPLE BETH ABRAHAM IGENERAL PURPOSES 336 EUCLID AVENUE OAKLAND, CA 94610 JEWISH COMMUNITY CENTER 71-0995500 501(C)(3) 28,000 GENERAL PURPOSES

OF THE EAST BAY 1414 WALNUT STREET

BERKELEY, CA 94709

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance SALANTER AKIBA RIVERDALE 13-2646185 501(C)(3) 28.000 GENERAL PURPOSES ACADEMY

| SAR BUSINESS OFFICE655 WEST 254TH ST RIVERDALE, NY 10471 | | | | | |
|---|------------|-----------|--------|--|------------------|
| TEHIYAH DAY SCHOOL | 94-2612636 | 501(C)(3) | 26,498 | | GENERAL PURPOSES |

TEHIYAH DAY SCHOOL 2603 TASSAJARA AVE

EL CERRITO, CA 94530

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-1624240 501(C)(3) 26.125 GENERAL PURPOSES THE JEWISH FEDERATIONS OF NORTH AMERICA

WALL STREET STATION
NEW YORK, NY 10268

AMERICAN SOCIETY FOR YAD 13-3106768 501(C)(3) 25,500
VASHEM

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

500 FIFTH AVE 42ND NEW YORK, NY 10110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 94-6000501 501(C)(3) 25.000 GENERAL PURPOSES ALAMEDA COUNTY HEALTH SERVICES AGENCY 100 SAN LEANDRO BLVD STE 300

25,000

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

501(C)(3)

SAN LEANDRO, CA 94577

6444 E SPRING ST STE 321 LONG BEACH, CA 90815 27-2006064

GAY FOR GOOD

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 46-1482891 501(C)(3) 25.000 IGENERAL PURPOSES UC BERKELEY FOUNDATION UNIVERSITY DEVELOPMENT

| AND ALUMNI RELATIONS BERKELEY, CA 947204200 | | | | | |
|---|------------|-----------|--------|--|------------------|
| EAST BAY COLLEGE FUND 2030 FRANKLIN STREET SUITE | 54-2103707 | 501(C)(3) | 23,550 | | GENERAL PURPOSES |

210

OAKLAND, CA 94612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-1167406 501(C)(3) 23.000 IGENERAL PURPOSES

KEVAH 2095 ROSE STREET SUITE 202 BERKELEY, CA 94709

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

2121 BONAR ST UNIT G BERKELEY, CA 94702

STUDIO 70 47-4626484 501(C)(3) 22,500 GENERAL PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 21.500 ISRAAID US HUMANITARIAN 46-2118225 IGENERAL PURPOSES ASSISTANCE INC 555 COLLEGE AVENUE

PALO ALTO, CA 94306 BIMBAM 45-4230275 501(C)(3) 21.360 IGENERAL PURPOSES

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

1970 BROADWAY STE 1020 OAKLAND, CA 94612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 11-3402513 501(C)(3) 20.800 GENERAL PURPOSES CONGREGATION ORACH CHAIM

CHAIM
1459 LEXINGTON AVE
NEW YORK, NY 10128

ANSWER CANCER 81-1588152 501(C)(3) 20,000

GENERAL PURPOSES
FOUNDATION

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

6905 ROSEMARY ROAD EDEN PRAIRIE, MN 55346

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 45-1504826 501(C)(3) 20.000 GENERAL PURPOSES BAY AREA JEWISH HEALING CENTER 3330 GEARY BLVD

3330 GEARY BLVD
SAN FRANCISCO, CA 94118

BUILDING EXCELLENT 35-2194153 501(C)(3) 20,000

GENERAL PURPOSES
SCHOOLS

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

31 MILK ST BOSTON, MA 02109

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government other) assistance 94-1741155 501(C)(3) 20.000 GENERAL PURPOSES MEALS ON WHEELS OF SAN FRANCISCO 1375 FAIRFAX AVE SE CA 94124

20,000

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

501(C)(3)

1375 FAIRFAX AVENUE SAN FRANCISCO, CA 94124 TELEOSIS FOUNDATION

863 ARLINGTON AVE BERKELEY, CA 94707 94-3400328

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance THE HESCHEL SCHOOL 13-3091539 501(C)(3) 20,000 GENERAL PURPOSES

| NEW YORK, NY 10023 THE CONTEMPORARY JEWISH | 47-0920831 | 501(C)(3) | 19,250 | | GENERAL PURPOSES |
|--|------------|-----------|--------|--|------------------|
| 30 WEST END AVENUEATTN HILA REICHMAN | | | | | |

MUSEUM 736 MISSION ST

SAN FRANCISCO, CA 94103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-6090626 501(C)(3) 18.825 UNIVERSITY OF CALIFORNIA IGENERAL PURPOSES BERKELEY FOUNDATION

R239E D BOALT HALL
BERKELEY, CA 94720

COMMUNITY PARTNERS 95-4302067 501(C)(3) 18,000 GENERAL PURPOSES

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

100 NORTH ALAMEDA ST LOS ANGELES, CA 90012

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 95-1656370 501(C)(3) 18.000 TEMPLE BETH AM IGENERAL PURPOSES 1055 S LA CIENEGA BLVD LOS ANGELES, CA 90035

1055 S LA CIENEGA BLVD
LOS ANGELES, CA 90035

INDEPENDENT JEWISH WORLD
CINEMA
PO BOX 4869

GENERAL PURPOSES

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

WALNUT CREEK, CA 94596

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-6098382 501(C)(3) 15,342 IGENERAL PURPOSES OPERATING ACCOUNT -

| 2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94704 | | | | |
|--|--|--|--|--|
| INTERFUND GRANTSGIFTS | | | | |

24-7097680 501(C)(3) 15.250 GENERAL PURPOSES CALIFORNIA TROUT

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

360 PINE STREET 4TH FLOOR SAN FRANCISCO, CA 94102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-3213100 501(C)(3) 15.076 SHALOM BAYIT IGENERAL PURPOSES PO BOX 10102

OAKLAND, CA 94610 TAWONGA JEWISH 94-3227261 501(C)(3) 15,030 COMMUNITY CORPORATION

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

GENERAL PURPOSES 131 STEUART ST STE 460 SAN FRANCISCO, CA 94105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SALVATION ARMY SOUTHERN 33-0399466 501(C)(3) 15 000 GENERAL PURPOSES

| DIVISION HEADQUARTERS 180 E OCEAN BLVD 9TH FLOOR | | 302(3)(3) | 15,000 | | |
|--|------------|-----------|--------|--|------------------|
| LONG BEACH, CA 90802 | | | | | |
| KQED | 94-1241309 | 501(C)(3) | 14,250 | | GENERAL PURPOSES |

2601 MARIPOSA ST SAN FRANCISCO, CA 94110

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 94-1156335 501(C)(3) 14.000 INSTITUTE FOR CURRICULUM IGENERAL PURPOSES SERVICESJEWISH COMMUNITY RELATIONS COUNCIL OF SAN 121 STEUART STREET SUITE 305 SAN FRANCISCO, CA 94105 CROHN'S & COLITIS 13-6193105 501(C)(3) 13.500 GENERAL PURPOSES

FOUNDATION OF AMERICA

ALBERTA LEA, MN 56007

PO BOX 1245

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-2854068 501(C)(3) 13.500 JEWISH FILM INSTITUTE IGENERAL PURPOSES 145 NINTH STREET 200

SAN FRANCISCO, CA 94103

SOUTHERN POVERTY LAW 63-0598743 501(C)(3) 13,500 GENERAL PURPOSES CENTER

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

400 WASHINGTON AVENUE MONTGOMERY, AL 36104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-1089387 501(C)(3) 13.050 J THE JEWISH NEWS OF IGENERAL PURPOSES NORTHERN CALIFORNIA

225 BUSH STREET SUITE 480 SAN FRANCISCO, CA 94104

13.000

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

501(C)(3)

KLEZCALIFORNIA 55-0824193

1728 ALLSTON WAY BERKELEY, CA 94703

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 13-3156445 501(C)(3) 12.500 FRIENDS OF THE ISRAEL IGENERAL PURPOSES DEFENSE FORCES

DEFENSE FORCES

870 MARKET ST SUITE 1015

SAN FRANCISCO, CA 94102

CONGREGATION BETH EMEK 94-2772595 501(C)(3) 12,000 GENERAL PURPOSES

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

3400 NEVADA COURT PLEASANTON, CA 94566

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45-5514355 501(C)(3) 12.000 IGENERAL PURPOSES

KIMERA ORPHANAGE 8775 COSTA VERDE BLVD 307 SAN DIEGO, CA 92122

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

980 AVE OF THE AMERICAS NEW YORK, NY 10018

CENTRAL FUND OF ISRAEL 13-2992985 501(C)(3) 11,600 GENERAL PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 06-1611859 501(C)(3) 11.400 HONEST REPORTING IGENERAL PURPOSES 10024 SKOKIE BLVD SUITE

201 SKOKIE, IL 600771025

SHELTER INC OF CONTRA 68-0117241 501(C)(3) 11,360
COSTA COUNTY
1333 WILLOW PASS RD SUITE

GENERAL PURPOSES

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

206

CONCORD, CA 94520

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance NCSY 13-5623717 501(C)(3) 11.000 IGENERAL PURPOSES

9831 W PICO BLVD SUITE 101 LOS ANGELES, CA 90035

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

WALNUT CREEK, CA 94595

CHABAD OF CONTRA COSTA 68-0422655 501(C)(3) 10,590 GENERAL PURPOSES 1671 NEWELL AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-6426176 501(C)(3) 10.360 GENERAL PURPOSES PIEDMONT EDUCATIONAL FOUNDATION

401 HIGHLAND AVE PIEDMONT, CA 94611 AMERICAN FRIENDS OF YAD 11-3459952 501(C)(3) 10.000

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

BROOKLYN, NY 11210

GENERAL PURPOSES ELIEZER 1102 F 26TH ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance BOARD OF RABBIS OF 94-3248658 501(C)(3) 10.000 GENERAL PURPOSES NORTHERN CALIFORNIA

1501 DIVISADERO ST SAN FRANCISCO, CA 94115 47-1360740 501(C)(3) 10.000 FAMILY HOUSE INC

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

SAN FRANCISCO, CA 94158

GENERAL PURPOSES 540 MISSION BAY BLVD NORTH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 45-5237529 501(C)(3) 10.000 GENERAL PURPOSES HALACHIC EDUCATION CENTER 254 CHESTNUT ST ENGLEWOOD, NJ 07631

10.000

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

501(C)(3)

HARVARD COLLEGE

SERVICES

ALUMNI AND DEVELOPMENT

CAMBRIDGE, MA 01238

04-2103580

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 93-6037440 501(C)(3) 10.000 HILLEL AT THE UNIVERSITY OF IGENERAL PURPOSES OREGON 1059 HILYARD STREET

10.000

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

501(C)(3)

EUGENE, OR 97401

LEWTON GLOBAL
STUDIESSPANISH IMMERSION
SCHOOL

2000 LEWTON PLACE LANSING, MI 48911 38-2587743

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance MEOR 51-0430002 501(C)(3) 10.000 IGENERAL PURPOSES PO BOX 279

PO BOX 279
POMONA, NY 10970

NEVE MICHAEL CHILDRENS 20-8499330 501(C)(3) 10,000

VILLAGE INC

GENERAL PURPOSES

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

P O BOX 260067

PEMBROKE PINES, FL 33026

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0245327 501(C)(3) 10,000 GENERAL PURPOSES TRUCKEE DONNER LAND

| TRUST PO BOX 8816 TRUCKEE, CA 96162 | | | | | |
|--|------------|-----------|--------|--|---------|
| UC DAVIS FOUNDATION OFFICE OF DEVELOPMENTONE | 94-6081352 | 501(C)(3) | 10,000 | | GENERAL |

DAVIS, CA 95616

L PURPOSES SHIELDS AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance **UPSTART BAY AREA** 26-3094076 501(C)(3) 10.000 GENERAL PURPOSES 560 MISSION STREET SUITE 1395 SAN FRANCISCO, CA 94105 95-1691339 501(C)(3) 10.000 GENERAL PURPOSES

WILSHIRE BOULEVARD

3663 WILSHIRE BLVD LOS ANGELES, CA 90010

TEMPLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-3089303 501(C)(3) 9.673 CONGREGATION NETIVOT IGENERAL PURPOSES SHALOM 1316 UNIVERSITY AVE

1316 UNIVERSITY AVE BERKELEY, CA 94702 TEMPLE BETH TORAH 94-6085322 501(C)(3) 9,455 GENERAL PURPOSES

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

PO BOX 6017 FREMONT, CA 94538

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 13-5563393 501(C)(3) 9.000 IGENERAL PURPOSES AMERICAN JEWISH COMMITTEE SAN FRANCISCO

| BAY AREA CHAPTER 121 STEUART ST SUITE 405 SAN FRANCISCO, CA 94105 | | | | | |
|---|------------|-----------|-------|--|------------------|
| THE COMMONWEALTH CLUB | 94-0399260 | 501(C)(3) | 8,850 | | GENERAL PURPOSES |

555 POST STREET

SAN FRANCISCO, CA 94102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-1679756 501(C)(3) 8.750 GENERAL PURPOSES BERKELEY REPERTORY THEATRE 999 HARRISON ST

8.500

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

501(C)(3)

BERKELEY, CA 94710

CALIFORNIA

CAMP RAMAH IN NORTHERN

859 ALMAR AVE STE C-487 SANTA CRUZ, CA 95060 91-2020313

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7267983 501(C)(3) 8.000 GENERAL PURPOSES ANDERSON RANCH ARTS CENTER

| PO BOX 5598 SNOWMASS VILLAGE, CO 81615 | | | | | |
|--|------------|-----------|-------|--|------------------|
| CONGREGATION BETH EL 8215 OLD GEORGETOWN | 52-0698176 | 501(C)(3) | 8,000 | | GENERAL PURPOSES |

ROAD

BETHESDA, MD 20814

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-0698176 501(C)(3) 8.000 GENERAL PURPOSES NATIONAL JEWISH HEALTH 1400 JACKSON STREET

1400 JACKSON STREET
DENVER, CO 80206

REPORT
PIKE STE 60
60

REPORT
PIKE STE 60

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

SPRING HOUSE, PA 19477

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance LIMMUD FSU INTERNATIONAL 26-1870256 501(C)(3) 7.850 GENERAL PURPOSES

| FOUNDATION 815 GRAVESEND NECK ROAD SUITE 5G BROOKLYN, NY 11223 | 2. 2 | | ., | | |
|---|------------|-----------|-------|--|------------------|
| NEW ISRAEL FUND | 94-2607722 | 501(C)(3) | 7,540 | | GENERAL PURPOSES |

6 EAST 39TH STREET SUITE

NEW YORK, NY 100160112

301

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 46-0865487 501(C)(3) 7.500 GENERAL PURPOSES ASPEN VALLEY HOSPITAL FOUNDATION

| 401 CASTLE CREEK ROAD ASPEN, CO 81611 | | | | | |
|--|------------|-----------|-------|--|------------------|
| HADASSAH THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA INC | 13-1656651 | 501(C)(3) | 7,500 | | GENERAL PURPOSES |

40 WALL STREET NEW YORK, NY 10005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization ıf applıcable grant cash or assistance or government other) assistance 94-6090626 501(C)(3) 7,500 SCHOOL OF PUBLIC HEALTH GENERAL PURPOSES UNIVERSITY OF CALIFORNIA

YOUTH

1000 DEAN ST NO 353 BROOKLYN, NY 11238

| BERKELEY 50 UNIVERSITY HALL4TH FLOOR OFFICE J BERKELEY, CA 94720 | | | | | |
|--|------------|-----------|-------|--|------------------|
| HABONIM LABOR ZIONIST | 13-5596779 | 501(C)(3) | 7,100 | | GENERAL PURPOSES |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-2299811 501(C)(3) 7.000 ALAMEDA MEALS ON WHEELS IGENERAL PURPOSES PO BOX 2534 ALAMEDA, CA 94501

PO BOX 2534
ALAMEDA, CA 94501

AMERICAN JEWISH 13-5563393 501(C)(3) 7,000

COMMITTEE

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

165 EAST 56TH ST NEW YORK, NY 10022

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 01-0566033 501(C)(3) 6.500 IGENERAL PURPOSES

6,100

STANDWITHUS 01-0566033 501(C)(3) 6,500 GENI
PO BOX 341069
LOS ANGELES, CA 90034

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

501(C)(3)

HASBARA FELLOWSHIPS

315 WEST 36TH ST STE 5061 NEW YORK, NY 10018 20-1651102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 31-1794932 501(C)(3) 6.000 BBYO PASSPORT TO ISRAEL IGENERAL PURPOSES

6,000

BBYO PASSPORT TO ISRAEL 31-1794932 501(C)(3) 6,000 GENE 5185 MACARTHUR BLVD 640 WASHINGTON, DC 20016

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

501(C)(3)

BROWN UNIVERSITY

PROVIDENCE, RI 02912

GIFT CASHIER

05-0258809

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-7296339 501(C)(3) 6.000 CONGREGATION BETH IGENERAL PURPOSES SHALOM 1455 FLM ST

1455 ELM ST NAPA, CA 94559

FRIENDS OF THE CHILDREN 39-1918904 501(C)(3) 6,000

GENERAL PURPOSES

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

44 NE MORRIS ST PORTLAND, OR 97212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 13-1659627 501(C)(3) 6.000 JEWNISH NATIONAL FUND IGENERAL PURPOSES 78 RANDALL AVENUE ROCKVILLE CENTRE, NY

6.000

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

501(C)(3)

ROCKVILLE CENTRE, NY 11570 THE ASPEN INSTITUTE

1000 NORTH THIRD STREET ASPEN, CO 81611

84-0399006

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 94-2398637 501(C)(3) 5.853 GENERAL PURPOSES PARENT FACULTY CLUB OF WALNUT ACRES ELEMENTARY SCHOOL 180 CEREZO DRIVE

5,800

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

501(C)(3)

WALNUT CREEK, CA 94598

JCC MACCABI SPORTS CAMP

1000 EL CAMINO REAL ATHERTON, CA 94027 46-1811753

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance LIAZON INC 12 1622022 E01/C1/21 E EAA IGENERAL PURPOSES

| 125 MAIDEN LANE NO 8B NEW YORK, NY 10038 | 13-1623922 | 501(C)(3) | 5,500 | | GENERAL PURPOSES |
|--|------------|-----------|-------|--|------------------|
| HEBREW FREE LOAN ASSOCIATION OF SAN FRANCISCO 131 STEUART STREET SUITE | 94-1156545 | 501(C)(3) | 5,500 | | GENERAL PURPOSES |

SAN FRANCISCO, CA 94105

520

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 94-2848318 501(C)(3) 5.500 PHILHARMONIA BAROOUE IGENERAL PURPOSES ORCHESTRA & CHORALE 414 MASON STREET SUITE

606
SAN FRANCISCO, CA 94102

PLANNED PARENTHOOD
FEDERATION OF AMERICA
123 WILLIAM STREET 10TH

GENERAL PURPOSES

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

FLOOR

NEW YORK, NY 10038

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 77-0555485 501(C)(3) 5.250 JEWISH STUDY NETWORK IGENERAL PURPOSES 3921 FABIAN WAY PALO ALTO, CA 94303

5,000

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

501(C)(3)

30-0456686

ALEH NEGEV

PO BOX 4911 NEW YORK, NY 10185

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 13-1996126 501(C)(3) 5.000 IGENERAL PURPOSES AMERICAN FRIENDS OF TEL AVIV UNIVERSITY INC

| 39 BROADWAY RM 1510 NEW YORK, NY 10006 | | | | | |
|--|------------|-----------|-------|--|------------------|
| AMERICAN FRIENDS OF THE HEBREW UNIVERSITY OF JERUSALEM | 13-1568923 | 501(C)(3) | 5,000 | | GENERAL PURPOSES |

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

ONE BATTERY PARK PLAZA NEW YORK, NY 10004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 80-0863594 501(C)(3) 5.000 ARSOLA FOOD PANTRY IGENERAL PURPOSES 450 CANYON OAKS E OAKLAND, CA 94605 BAY AREA CHILDREN'S 55-0871317 501(C)(3) 5,000 GENERAL PURPOSES

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

THEATRE

6114 LA SALLE AVENUE OAKLAND, CA 94611

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 13-2670365 501(C)(3) 5.000 EMUNAH OF AMERICA IGENERAL PURPOSES 315 W 36TH ST NEW YORK, NY 10018

GENERAL PURPOSES

5,000

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

501(C)(3)

ETZION FOUNDATION

111 GALWAY PLACE STE 203 TEANECK, NJ 07666

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-7174171 501(C)(3) 5.000 FORDHAM UNIVERSITY GSB IGENERAL PURPOSES 113 W 60TH ST

GENERAL PURPOSES

5,000

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

501(C)(3)

NEW YORK, NY 10023 GEORGE WASHINGTON UNIVERSITY

2100 M ST NWSUITE 310 WASHINGTON, DC 20052

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-2495035 501(C)(3) 5.000 GLAUCOMA RESEARCH IGENERAL PURPOSES FOUNDATION

IGENERAL PURPOSES

5.000

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

501(C)(3)

251 POST ST STE 600 SAN FRANCISCO, CA 94108 HUMBLE DESIGN

180 N SAGINAW PONTIAC, MI 48342

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-1352614 501(C)(3) 5,000 GENERAL PURPOSES JACK M BARRACK HEBREW ACADEMY

| 272 S BRYN MAWR AVE BRYN MAWR, PA 19010 | | | | | |
|--|------------|-----------|-------|--|--|
| JERUSALEMU 11110 W OAKLAND PARK BLVD SUITE 288 | 26-1264680 | 501(C)(3) | 5,000 | | |

288

SUNRISE, FL 33351

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

GENERAL PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 23-0053483 501(C)(3) 5.000 GENERAL PURPOSES JEWISH AGENCY FOR ISRAEL 633 THIRD AVENUE 32ND

FLOOR SUITE C
C
NEW YORK, NY 10017

JOHN MUIR LAND TRUST 68-0194652 501(C)(3) 5,000

GENERAL PURPOSES

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

PO BOX 31

MARTINEZ, CA 94553

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0383597 501(C)(3) 5.000 GENERAL PURPOSES LOKOYA VOLUNTEER FIRE DEPARTMENT GENERAL PURPOSES

5900 DRY CREEK RD NAPA. CA 94558 NATIONAL CENTER FOR YOUTH 27-3077640 501(C)(3) 5.000 LAW

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

405 14TH STREET 15TH FLOOR OAKLAND, CA 94612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 5.000 REACHING YOUR DREAM 46-5352419 IGENERAL PURPOSES FOUNDATION

IGENERAL PURPOSES

5.000

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

501(C)(3)

808 GLEN ROAD
DANVILLE, CA 94526
SAN FRANCISCO CASA

2535 MISSION STREET SAN FRANCISCO, CA 94110

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 5.000 TEMPLE ISRAEL OF ALAMEDA 94-3236534 IGENERAL PURPOSES

501(C)(3) 3183 MECARTNEY ROAD

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

ALAMEDA, CA 94502

| efil | e GRAPHIC pr | rint - DO NOT PROCESS As Filed Data - | DLN: 93493 | 3140 | 013 | 049 |
|--------|---|--|--------------------|----------|--------------|----------|
| Sch | nedule J | Compensation Information | ОМВ | No 1 | 545-0 | 047 |
| (For | m 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | | | |
| | | Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 2 | .a. 2 | 20 | 17 | 1 |
| | | ▶ Attach to Form 990. | | | | |
| • | tment of the Treasury al Revenue Service | ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. | | | Pub ction | |
| | ne of the organiza | | yer identification | n nun | nber | |
| IHE | JEWISH COMMUNIT | TY FOUNDATION 94-609 | 98382 | | | |
| Pa | rt I Questi | ions Regarding Compensation | | | | |
| | | | | | Yes | No |
| 1a | | opiate box(es) if the organization provided any of the following to or for a person listed on Fo Section A, line 1a Complete Part III to provide any relevant information regarding these item: | | | | |
| | | s or charter travel Housing allowance or residence for persona | | | | |
| | _ | r companions \square Payments for business use of personal resi | | | | |
| | | Inification and gross-up payments | | | | |
| | LI Discretion | nary spending account LJ Personal services (e g , maid, chauffeur, ch | ier) | | | |
| b | | oxes in line 1a are checked, did the organization follow a written policy regarding payment or all of the expenses described above? If "No," complete Part III to explain | | ь | | |
| 2 | Did the organiza | ation require substantiation prior to reimbursing or allowing expenses incurred by all ees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | | 2 | | |
| | directors, truste | ees, officers, including the CEO/Executive Director, regarding the items checked in line 1a/ | | | | |
| 3 | | If any, of the following the filing organization used to establish the compensation of the | | | | |
| | _ | CEO/Executive Director Check all that apply Do not check any boxes for methods ed organization to establish compensation of the CEO/Executive Director, but explain in Part I | III | | | |
| | | sation committee Written employment contract | | | | |
| | | sation committee Written employment contract Gent compensation consultant Compensation survey or study | | | | |
| | | O of other organizations D of other organizations D of other organizations D of other organizations D of other organizations | mmittee | | | |
| 4 | | r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing org | | | | |
| - | related organiza | | janization of a | | | |
| а | Receive a sever | rance payment or change-of-control payment? | 4 | ŧa | | No |
| b | Participate in, o | or receive payment from, a supplemental nonqualified retirement plan? | 4 | 1b | | No |
| С | Participate in, o | or receive payment from, an equity-based compensation arrangement? | 4 | 4c | | No |
| | If "Yes" to any o | of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | | |
| | Only 501(c)(3 | 3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | |
| 5 | For persons liste | red on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | | |
| | | contingent on the revenues of | | _ | | |
| a b | The organization Any related organization | | | 5a 5b | | No No |
| U | , _ | e 5a or 5b, describe in Part III | | טפ | | 110 |
| 6 | | ted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any contingent on the net earnings of | | | | |
| а | The organization | | | 5a | | No |
| b | Any related orga | | | 5b | | No |
| | , , | e 6a or 6b, describe in Part III | | | | |
| 7 | | ted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed described in lines 5 and 6? If "Yes," describe in Part III | | 7 | | No |
| 8 | subject to the in | unts reported on Form 990, Part VII, paid or accured pursuant to a contract that was nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe | | | | |
| | ın Part III | | | 8 | | No |
| 9 | If "Yes" on line 5 53 4958-6(c)? | 8, did the organization also follow the rebuttable presumption procedure described in Regula | | 9 | | |
| For I | Danarwark Badı | uction Act Notice, see the Instructions for Form 990. Cat. No. 50053T | Schedule 1 (F | orm | 990) | 2017 |

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

| instructions, on row (ii) | Do no | ot list any individuals that | rted on Schedule J, report t are not listed on Form 99 dividual must equal the to | 990, Part VII | | | | at individual |
|---|-------|------------------------------|---|---------------|--|---------------------------------|------------------------------------|---|
| (A) Name and Title | | | of W-2 and/or 1099-MISO (ii) Bonus & incentive 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 |
| 1 RABBI JAMES BRANDT CEO, EX-OFFICIO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 124,961 | 0 | 0 | 0 | 72,000 | 196,961 | 0 |
| 2 LISA TABAK EXECUTIVE DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 119,817 | 0 | 0 | 32,409 | 0 | 152,226 | 0 |
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| l===== | = | | | | | | Cab adul | 1 (Form 000) 2017 |

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2017

| efil | e GRAPHIC pr | int - DO NOT PR | OCESS | As Filed Data - | | DLN: 9 | 9349314 | 0013 | 049 |
|----------|---------------------------------------|------------------------|---------------------|---|---|------------------|-----------------------------|--------|----------|
| | EDULE M | | | loncash Contri | hutions | | OMB No 1 | .545-0 | 047 |
| (For | m 990) | | 1 | ioncasii contii | bullons | | 20 | 17 | 7 |
| | | ▶Complete if the | organizati | ons answered "Yes" on Fo | orm 990, Part IV, lines 2 | 9 or 30. | 20 | 1/ | ' |
| | | ► Attach to Form | 990. | | | | | | |
| Depar | tment of the Treasury | ▶Information abo | ut Schedu | le M (Form 990) and its i | nstructions is at <u>www.irs</u> | s.gov/form990 | Open to | Pub | lic |
| | al Revenue Service | | | | | | Inspe | | |
| | e of the organizat EWISH COMMUNITY | | | | | Employer identif | lication n | umbei | r |
| | | | | | | 94-6098382 | | | |
| Pa | rt I Types | of Property | | | | Т | | | |
| | | | (a) | (b) | (c) | | (d) | | |
| | | | Check if applicable | Number of contributions or items contributed | Noncash contribution amounts reported on | noncash con | of determii itribution a | | S |
| | | | | | Form 990, Part VIII, line | | | | |
| | A | | | | 1g | | | | |
| 1 | Art—Works of art Art—Historical tre | | | | | | | | |
| 3 | Art—Fractional in | | | | | | | | |
| 4 | Books and public | | | | | | | | |
| | Clothing and hou | | | | | | | | |
| | goods | | | | | | | | |
| | Cars and other v | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| | Intellectual proper Securities—Public | • | | 7.0 | 1.000.510 | NIVEE AVERAGE F | DICE | | |
| 9 10 | Securities—Public Securities—Close | • | X | 76 | 1,968,518 | NYSE AVERAGE F | KICE | | |
| | Securities—Partr | • | | | | | | | |
| | or trust interest | | | | | | | | |
| 12 | Securities—Misce | ellaneous | | | | | | | |
| 13 | Qualified conserv | | | | | | | | |
| | contribution—Hi structures . | | | | | | | | |
| 14 | Qualified conserv | | | | | | | | |
| | contribution—Of | | | | | | | | |
| | Real estate—Res | | | | | | | | |
| 16 17 | Real estate—Cor Real estate—Oth | | | | | | | | |
| 18 | Collectibles . | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medic | | | | | | | | |
| 21 | Taxidermy . | | | | | | | | |
| 22 | Historical artifact | ts | | | | | | | |
| | Scientific specim | | | | | | | | |
| | Archeological art | | | | | | | | |
| | Other ► (| | | | | | | | |
| 26 27 | Other ► (| | | | | | | | |
| | Other • (| • | | | | | | | |
| | , | • | he organiza | ition during the tax year for | contributions | | | | |
| | | | | 3, Part IV, Donee Acknowled | | 29 | | | |
| | | | | | | | | Yes | No |
| 30a | | | | contribution any property r | | | | | |
| | | | | e of the initial contribution, a | | be used for exem | pt | | ļ |
| | purposes for the | entire notating pend | ,u | | | | 30a | | No |
| b | If "Yes," describ | e the arrangement II | n Part II | | | | | | |
| 31 | Does the organi | zation have a gift ac | ceptance p | olicy that requires the reviev | of any nonstandard contri | butions? | 31 | | No |
| 32a | | | | or related organizations to se | olicit, process, or sell nonca | sh | | | |
| | contributions? | | | | | | 32a | | No |
| | If "Yes," describ | | | | | | | | |
| 33 | _ | | amount in | column (c) for a type of pro | perty for which column (a) | ıs checked, | | | |
| | describe in Part | | | | | | | | <u> </u> |
| For D | anerwork Deduction | on Act Notice, see the | Instruction | s for Form 990 | Cat No. 512271 | Schadu | le M (Form | 0001 | (2017) |

| Schedule M (Form 990) (2017) | Page 2 | | | | | | |
|---|------------------------------|--|--|--|--|--|--|
| Part II Supplemental Info | rmation. | | | | | | |
| 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 | | | | | | | |
| | | | | | | | |
| Return Reference | Explanation | | | | | | |
| | Schedule M (Form 990) (2017) | | | | | | |

| efile GRAPHI | C print - DO NOT PROCESS As Filed Data - | DLI | N: 93493140013049 |
|--|--|-------------------|--|
| SCHEDULE (Form 990 or 9 EZ) | Complete to provide information for responses to specific ques Form 990 or 990-EZ or to provide any additional information at the form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instruction www.irs.gov/form990. | itions on ion. | OMB No 1545-0047 2017 Open to Public Inspection |
| Name of the organ THE JEWISH COMMU | | 94-6098382 | ntification number |
| Return Reference | Explanation | | |
| REASONABLE CAUSE WAIVER REQUEST - IRC 6651, FAILURE TO FILE PENALTY | LATE FILED RETURN DUE TO CCH SOFTWARE OUTAGE | | |

Return Explanation
Reference

| FORM 990, | MATHILDE ALBERS IS THE MOTHER OF DENNIS ALBERS AMY AND MORTON FRIEDKIN ARE HUSBAND AND WI |
|------------|--|
| PART VI, | FE EILEEN AND ROBERT RUBY ARE HUSBAND AND WIFE TERRY FRIEDKIN, BOARD PRESIDENT - JEWISH |
| SECTION A, | COMMUNITY FEDERATION OF THE GREATER EAST BAY, SISTER-IN-LAW TO MORTON FRIEDKIN, AMY FRIEDK |
| LINE 2 | N AND GERALD FRIEDKIN |

Return
Reference
FORM 990. A MEMBER OF THE AUDIT COMMITTEE REVIEWS THE FORM 990 BEFORE FINALIZATION

PART VI, SECTION B, LINE 11B

Return Explanation

LINE 12C

FORM 990, THE CONFLICT OF INTEREST POLICY IS REVIEWED AT THE FIRST BOARD MEETING OF THE YEAR PART VI, SECTION B,

Return Explanation
Reference

FORM 990, WHILE THERE IS NOT A COMPENSATION COMMITTEE, THE DIRECTOR OF OPERATIONS CONSULTS WITH THE PART VI, JEWISH FEDERATIONS OF NORTH AMERICA TO DETERMINE A SALARY RANGE FOR AN OPEN POSITION IN A SECTION B, FOUNDATION OR FEDERATION OF OUR SIZE THE SALARY IS THEN DETERMINED AFTER CONSULTATION WIT LINE 15A H THE CEO. THE PRESIDENT OF FEDERATION, AND THE PRESIDENT OF THE FOUNDATION

Return Explanation

FORM 990, PART VI, SECTION C. LINE 19

Return Explanation
Reference

LINE 9

FORM 990, CASH SURRENDER VALUE OF INSURANCE POLICY -926
PART XI,

Return Explanation
Reference

LINE 2C

FORM 990, PART XII,

Return Explanation

| Reference | |
|-----------|--|
| FORM 990, | FORM 990, PART VII FORM 990, PART IX, LINE 5 & 7 THE JEWISH FEDERATION OF THE GREATER EAST |
| PART V, | BAY PAYS ALL OF THE JEWISH COMMUNITY FOUNDATION'S SALARY EXPENSE THROUGH ITS PAYROLL COMP |
| LINE 2A | ANY AND THEN BILLS THE FOUNDATION FOR REIMBURSEMENT |

| efile GRAPHIC print - DC | NOT PROCESS As Filed Data - | | | | | | | | | | DLN: 93493 | 140013 | 049 |
|--|--|------------------|-----------------------------|---|---------------|---|------------|--|-----------------------------|---------|-------------------------------|-----------------------------|---------------------------|
| SCHEDULE R (Form 990) | Related O | _ | swered "Yes | " on Form | 990, Part | | _ | | 37. | | 20 | 1545-004 17 | 17 |
| Department of the Treasury Internal Revenue Service | ► Information about So | hedule l | ► Attach to R (Form 990) | | | s is at <u>www</u> | .irs.gov/f | orm99 | <u>o</u> . | | Open to | Publicection | |
| Name of the organization | ION | | | | | | | Emp | loyer identif | icatior | n number | | |
| THE SENIOR CONTROLLER TO COME. | | | | | | | | 94-6 | 098382 | | | | |
| Part I Identification | of Disregarded Entities Complete if the | ie organ | ızatıon answ | ered "Yes | " on Form | 990, Part | IV, line 3 | 3. | | | | | |
| Name, address, and | (a) Name, address, and EIN (ıf applicable) of disregarded entity | | (b) Primary a | | Legal dom | (c) Legal domicile (state or foreign country) | | ome | (e) e End-of-year assets | | (f Direct co ent | ntrolling | |
| | | | | | | | | | | | | | |
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| | of Related Tax-Exempt Organizations npt organizations during the tax year. | Comple | te if the org | anızatıon | I answered | "Yes" on F | orm 990, | Part I\ | /, line 34 be | cause | it had one or | more | |
| See Additional Data Table | (a) | ı | (b) | 1 6 | c) | (d) | 1 | | (e) | | (f) | (9 | |
| Part II Identification of Rel related tax-exempt or | d EIN of related organization | Primary activity | | (c) Legal domicile (state or foreign country) | | Exempt Code section | | Public charity status (if section 501(c)(3)) | | Dii | rect controlling entity | Section (13) coi enti | 512(b) ntrolled ty? |
| | | | | | | | | | | | | Yes | No |
| | | | | | | | | | | | | | |
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| For Panerwork Reduction Ac | t Notice, see the Instructions for Form 99 | 0 | | Ca | t No 5013 | 357 | | | | Sch | edule R (Form | 990) 20 | 17 |

| (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 | | Disprop alloca | tions? | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j Gener mana partr | ral or Figing (| (k) Percent owners |
|--|----------------------|-----------------------------------|---|--|---|---|--|-------------------|-----------------------------------|--|------------------------------|--------------------------|-----------------------------------|
| | | | | | | | | Yes | No | | Yes | No | |
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| Identification of Related Organizated because it had one or more related o | | | | | | ation answ | vered "Yes | " on Fo | orm 99 | 90, Part IV, | line . | 34 | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | L | (c) egal micile or foreign | Direct | (d) controlling Type entity (C co | (e) e of entity rp, S corp, r trust) | (f) Share of total Income | | (g) of end-o year assets | of- Percei owne | ntage | [(13 | (ı) tion 5) cont entity |
| | | | | | | | | | | | | l v | es |
| | | со | untry) | | | | | | | | | <u>_</u> | |
| | | Со | untry) | | | | | | | | | | |
| | | со | untry) | | | | | | | | | + | |
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| | | со | untry) | | | | | | | | | - - - | |
| | | со | untry) | | | | | | | | | - - - - | |

(2)JEWISH COMMUNITY FEDERATION OF THE GREATER EAST BAY

(3)10 SUPPORTING ORGANIZATIONS

| Schedule K (Form 990) 2017 | | | | | | Pa | ige 3 |
|---|-------------|----------------------------|------------------------|--------------------------------|------------|---------|--------------|
| Part V Transactions With Related Organizations Complete if the organization answere | ed "Yes' | ' on Form 990, Pa | rt IV, line 34, 35 | b, or 36. | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | | Yes | No |
| 1 During the tax year, did the orgranization engage in any of the following transactions with one or more | related o | organizations listed in | n Parts II-IV? | | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | | | | | 1a | | No |
| b Gift, grant, or capital contribution to related organization(s) | | | | | 1 b | | No |
| c Gift, grant, or capital contribution from related organization(s) | | | | | 1c | | No |
| d Loans or loan guarantees to or for related organization(s) | | | | | 1d | | No |
| e Loans or loan guarantees by related organization(s) | | | | | 1e | | No |
| f Dividends from related organization(s) | | | | | 1f | | No |
| g Sale of assets to related organization(s) | | | | | 1 g | | No |
| h Purchase of assets from related organization(s) | | | | | 1h | | No |
| i Exchange of assets with related organization(s) | | | | | 1 i | | No |
| ${f j}$ Lease of facilities, equipment, or other assets to related organization(s) | | | | | 1j | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | | 1k | Yes | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | | | | 11 | | No |
| f m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | 1m | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | 1n | Yes | |
| o Sharing of paid employees with related organization(s) | | | | | 10 | | No |
| p Reimbursement paid to related organization(s) for expenses | | | | | 1 p | Yes | |
| q Reimbursement paid by related organization(s) for expenses | | | | | 1 q | Yes | |
| r Other transfer of cash or property to related organization(s) | | | | | 1r | | No |
| $oldsymbol{s}$ Other transfer of cash or property from related organization(s) | | | | | 1s | | No |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete | e this line | e, including covered | relationships and tr | ansaction thresholds | | | |
| (a) Name of related organization | | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining a | ımount ır | nvolved | |
| (1)JEWISH COMMUNITY FEDERATION OF THE GREATER EAST BAY | | 0 | 1,113,172 | COST | | | |

Q

1,113,172

430,110

ACTUAL REIMBURSEMENT

ACTUAL REIMBURSEMENT

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- | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership | |
|--|--------------------------------|---|---|---|----|---|--|-----|--|---|-----------|--------------------------------|---------|
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
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Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017 Software ID:

Software Version: EIN: 94-6098382

Name: THE JEWISH COMMUNITY FOUNDATION

| Form 990, Schedule R, Part II - Identification of Related | | | ı | 1 | • | ı | |
|--|--|---|-------------------------------|---|--------------------------------------|---------------------------------|-----------------------|
| (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 | Sectio (b)(contr enti | n 512 13) olled |
| | | | | | | Yes | No |
| 2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 94-1156560 | FUNDRAISING TO SUPPORT JEWISH ORGANIZATIONS | CA | 501(C)(3) | LINE 7 | | | No |
| 2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 56-2620699 | FUNDRAISING TO SUPPORT JEWISH ORGANIZATIONS | CA | 501(C)(3) | LINE 12B, II | | | No |
| 2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 76-0784729 | FUNDRAISING TO SUPPORT JEWISH ORGANIZATIONS | CA | 501(C)(3) | LINE 12B, II | | | No |
| 2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 94-3372543 | FUNDRAISING TO SUPPORT JEWISH ORGANIZATIONS | CA | 501(C)(3) | LINE 12B, II | | | No |
| 2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 31-1585703 | FUNDRAISING TO SUPPORT JEWISH ORGANIZATIONS | CA | 501(C)(3) | LINE 12B, II | | | No |
| 2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 03-0527948 | FUNDRAISING TO SUPPORT JEWISH ORGANIZATIONS | CA | 501(C)(3) | LINE 12B, II | | | No |
| 2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 80-0076298 | FUNDRAISING TO SUPPORT JEWISH ORGANIZATIONS | CA | 501(C)(3) | LINE 12B, II | | | No |
| 2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 91-2172750 | FUNDRAISING TO SUPPORT JEWISH ORGANIZATIONS | CA | 501(C)(3) | LINE 12B, II | | | No |
| 2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 94-3345608 | FUNDRAISING TO SUPPORT JEWISH ORGANIZATIONS | CA | 501(C)(3) | LINE 12B, II | | | No |
| 2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 94-6103646 | FUNDRAISING TO SUPPORT JEWISH ORGANIZATIONS | CA | 501(C)(3) | LINE 12B, II | | | No |
| 2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 31-1642430 | FUNDRAISING TO SUPPORT JEWISH ORGANIZATIONS | CA | 501(C)(3) | LINE 12B, II | | | No |