

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

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

**C** Name of organization  
THE JEWISH COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2121 ALLSTON WAY NO 200

City or town, state or province, country, and ZIP or foreign postal code  
BERKELEY, CA 94720

**D** Employer identification number  
94-6098382

**E** Telephone number  
(510) 839-2900

**G** Gross receipts \$ 9,513,598

**F** Name and address of principal officer:  
LISA TABAK  
2121 ALLSTON WAY NO 200  
BERKELEY, CA 94720

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

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.JFOUND.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1962

**M** State of legal domicile: CA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
TO PROVIDE AN ENDOWMENT FOR THE CONTINUATION OF JEWISH SERVICES IN THE COMMUNITY.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	30
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	29
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	0
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

	Prior Year		Current Year	
<b>8</b> Contributions and grants (Part VIII, line 1h)	7,942,491		6,321,973	
<b>9</b> Program service revenue (Part VIII, line 2g)	0		0	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,665,842		2,176,565	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	929,387		1,015,060	
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,537,720		9,513,598	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,882,223		7,887,009	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0		0	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	808,480		807,538	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0		0	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0				
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	937,797		1,089,763	
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,628,500		9,784,310	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,909,220		-270,712	
	Beginning of Current Year		End of Year	
	<b>20</b> Total assets (Part X, line 16)	52,733,078		52,565,426
<b>21</b> Total liabilities (Part X, line 26)	1,342,328		1,093,417	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	51,390,750		51,472,009	

## Part II Signature Block

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

**Sign Here** Signature of officer: \*\*\*\*\* Date: 2020-07-12  
LISA TABAK EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date: 2020-07-10  
Check  if self-employed PTIN: P00026968  
Firm's name: ▶ RINA ACCOUNTANCY CORPORATION Firm's EIN: ▶ 94-3158857  
Firm's address: ▶ 475 14TH STREET SUITE 1200 OAKLAND, CA 94612 Phone no. (510) 893-6908

**Part III Statement of Program Service Accomplishments**

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

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

BUILT AROUND THE VALUES OF TZEDAKAH (RIGHTEOUSNESS, CHARITY) AND TIKKUN OLAM (REPAIRING THE WORLD), THE FOUNDATION WORKS WITH EAST BAY JEWISH DONORS TO REALIZE THEIR PHILANTHROPIC GOALS AND CREATE A RICH, SUPPORTIVE, INCLUSIVE AND STRONG COMMUNITY.

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 7,887,009 including grants of \$ 7,887,009 ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 7,887,009

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, excess benefit transactions, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>2a</b> 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>2a</b>	0
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>	No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>		<b>3b</b>	
<b>4a</b> 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)? . . . . .		<b>4a</b>	No
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>	No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>	No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>	
<b>6a</b> 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>6a</b>	No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>	No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>	No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>	No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>	No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b>			
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>	
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>	No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .		<b>15</b>	No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>	No

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



Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Management delegation), 4-6 (Document changes, Asset diversion, Members), 7a-7b (Governance decisions), 8 (Meeting documentation), 9 (Officer reachability).

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include: 10a-10b (Local chapters), 11a-11b (Form 990 distribution), 12a-12c (Conflict of interest policy), 13 (Whistleblower policy), 14 (Document retention), 15a-15b (Compensation review), 16a-16b (Joint venture participation).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed (CA)
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE JEWISH COMMUNITY FOUNDATION 2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 (510) 839-2900

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d 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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>			
	<b>b</b> Membership dues . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>	789,094		
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,532,879		
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$		1,604,603		
	<b>h Total.</b> Add lines 1a-1f . . . . .		6,321,973		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> _____					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue.					
<b>9 Total.</b> Add lines 2a-2f . . . . .						

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			1,773,985			1,773,985	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses						
		<b>c</b> Rental income or (loss)						
		<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)						
		<b>d</b> Net gain or (loss) . . . . .			402,580			402,580
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>						
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less: direct expenses . . . . .		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .								
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		Business Code						
<b>11a</b> ADMINISTRATIVE FEES		541900	999,700	999,700				
<b>b</b> INCOME FROM TRUSTS		541900	15,360				15,360	
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			1,015,060					
<b>12 Total revenue.</b> See Instructions. . . . .			9,513,598	999,700	0		2,191,925	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,887,009	7,887,009		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	807,538		807,538	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	2,235		2,235	
<b>c</b> Accounting . . . . .	193,360		193,360	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	96,234		96,234	
<b>12</b> Advertising and promotion . . . . .	12,324		12,324	
<b>13</b> Office expenses . . . . .	37,657		37,657	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .	1,908		1,908	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	7,576		7,576	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .				
<b>23</b> Insurance . . . . .	2,440		2,440	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> ADMINISTRATIVE	518,686		518,686	
<b>b</b> MGMT FEE TO FEDERATION	139,781		139,781	
<b>c</b> MERGER EXPENSES	59,608		59,608	
<b>d</b> MISCELLANEOUS	17,954		17,954	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	9,784,310	7,887,009	1,897,301	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	3,940,543
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	88,161	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	51,126	<b>4</b>	65,183
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	88,216		
	<b>b</b> Less: accumulated depreciation	88,216	0	<b>10c</b> 0
	<b>11</b> Investments—publicly traded securities . . . . .	52,150,878	<b>11</b>	48,043,008
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	442,913	<b>15</b>	516,692
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	52,733,078	<b>16</b>	52,565,426	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	67,278	<b>17</b>	47,117
	<b>18</b> Grants payable . . . . .	1,275,050	<b>18</b>	1,046,300
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,342,328	<b>26</b>	1,093,417
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	51,390,750	<b>27</b>	51,472,009
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	51,390,750	<b>33</b>	51,472,009	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	52,733,078	<b>34</b>	52,565,426	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,513,598
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,784,310
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-270,712
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	51,390,750
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	50,220
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	91,604
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	210,147
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	51,472,009

**Part XII Financial Statements and Reporting**

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-6098382

**Name:** THE JEWISH COMMUNITY FOUNDATION

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

JEWISH COMMUNITY FEDERATION OF THE GREATER EAST BAY:WE WORK WITH THE JEWISH COMMUNITY FEDERATION OF THE GREATER EAST 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 ENDOWMENT FUNDS TO HELP MEET THE NEEDS, PRESENT AND FUTURE, OF OUR PEOPLE.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS ALBERS ..... DIRECTOR	1.00 .....	X						0	0	0
ROBERTA COHN ..... DIRECTOR	1.00 .....	X						0	0	0
BARRY COHN ..... DIRECTOR	1.00 .....	X						0	0	0
SANDY COLEN ..... PAST PRESIDENT	1.00 .....	X						0	0	0
JOSEPH FELSON ..... PAST PRESIDENT	1.00 .....	X						0	0	0
AMY FRIEDKIN ..... DIRECTOR	1.00 .....	X						0	0	0
STEPHEN GOLDMAN ..... DIRECTOR	1.00 .....	X						0	0	0
RICHARD GOODMAN ..... DIRECTOR	1.00 .....	X						0	0	0
EVE GORDON-RAMEK ..... DIRECTOR	1.00 .....	X						0	0	0
STEVE GREINETZ ..... DIRECTOR	1.00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEO HMELNITSKY ..... DIRECTOR	1.00 .....	X						0	0	0
JOE HURWICH ..... PAST PRESIDENT	1.00 .....	X						0	0	0
FRED ISAAC ..... DIRECTOR	1.00 .....	X						0	0	0
RANDY KESSLER ..... TREASURER	1.00 .....	X		X				0	0	0
JANET KING ..... DIRECTOR	1.00 .....	X						0	0	0
JOEL KREISBERG ..... PRESIDENT	1.00 .....	X		X				0	0	0
MOSES LIBITZKY ..... DIRECTOR	1.00 .....	X						0	0	0
HELENE LINKER ..... DIRECTOR	1.00 .....	X						0	0	0
RONALD RUBENSTEIN ..... DIRECTOR	1.00 .....	X						0	0	0
EILEEN RUBY ..... PAST PRESIDENT	1.00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KARLA SMITH ..... DIRECTOR	1.00 .....	X						0	0	0
ILENE WEINREB ..... SECRETARY	1.00 .....	X		X				0	0	0
GERALD YANOWITZ ..... DIRECTOR	1.00 .....	X						0	0	0
STEVE ZATKIN ..... DIRECTOR	1.00 .....	X						0	0	0
RABBI JAMES BRANDT ..... CEO, EX-OFFICIO	1.00 ..... 39.00	X		X				0	135,925	74,000
MORTON FRIEDKIN ..... VICE PRESIDENT	1.00 .....	X		X				0	0	0
SANDY MARGOLIN ..... DIRECTOR	1.00 .....	X						0	0	0
JESSICA MINKOFF ..... DIRECTOR	1.00 .....	X						0	0	0
LISA WENGER ..... DIRECTOR	1.00 .....	X						0	0	0
LISA TABAK ..... EXECUTIVE DIRECTOR	29.00 ..... 11.00			X				0	123,927	31,000



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization**  
THE JEWISH COMMUNITY FOUNDATION

**Employer identification number**  
94-6098382

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	5,141,941	4,032,128	8,752,969	7,942,491	6,321,973	32,191,502
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	5,141,941	4,032,128	8,752,969	7,942,491	6,321,973	32,191,502
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						6,168,995
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						26,022,507

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b>	Amounts from line 4. . .	5,141,941	4,032,128	8,752,969	7,942,491	6,321,973	32,191,502
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	1,955,386	986,974	1,206,818	1,325,939	1,773,985	7,249,102
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	836,606	799,332	855,980	929,387	1,015,060	4,436,365
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						43,876,969
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	

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

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

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	59.310 %
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	58.680 %

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

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

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

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

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

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

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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</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 the role played by the organization in this regard.</i>		

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

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

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

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

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

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

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-6098382

**Name:** THE JEWISH COMMUNITY FOUNDATION

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

**Facts And Circumstances Test**



**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Name of the organization**  
THE JEWISH COMMUNITY FOUNDATION

**Employer identification number**  
94-6098382

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	610	
2 Aggregate value of contributions to (during year)	4,238,630	
3 Aggregate value of grants from (during year)	7,887,009	
4 Aggregate value at end of year . . . . .	51,472,009	

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

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

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Temporarily restricted endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		88,216	88,216	0
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				0

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

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

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

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

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

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

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-6098382

**Name:** THE JEWISH COMMUNITY FOUNDATION

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF AN UNCERTAIN TAX POSITION ONLY 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 RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE BENEFIT EXPECTED TO BE REALIZED UPON SETTLEMENT WITH THE TAX AUTHORITY. FOR TAX POSITIONS NOT MEETING THE THRESHOLD, NO FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. AS OF JUNE 30, 2019, THE FOUNDATION HAS HAD NO UNCERTAIN TAX POSITIONS. THE FOUNDATION RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNCERTAIN TAX POSITIONS AS INCOME TAX EXPENSE. INCOME TAX RETURNS FOR THE YEAR PRIOR TO 2014 ARE NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES. THE FOUNDATION IS RELYING ON ITS TAX-EXEMPT STATUS AND ITS ADHERENCE TO ALL APPLICABLE LAWS AND REGULATIONS TO PRESERVE THAT STATUS.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the  
Treasury  
Internal Revenue Service

Name of the organization

THE JEWISH COMMUNITY FOUNDATION

Employer identification number

94-6098382

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 169

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
PART I, LINE 2:	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 ORGANIZATION AND CAN REQUEST A REPORT AT THAT TIME.



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 94-6098382  
**Name:** THE JEWISH COMMUNITY FOUNDATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ADVERSITY 2 ADVOCACY INC 101A CLAY STREET 221 SAN FRANCISCO, CA 94111	45-2136537	501 (C) 3	10,000				THE STORIES CAMPAIGN
ALAMEDA COUNTY COMMUNITY FOOD BANK PO BOX 2599 OAKLAND, CA 94614	94-2960297	501 (C) 3	24,310				GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALAMEDA COUNTY HEALTH SERVICES AGENCY 1000 SAN LEANDRO BLVD SUITE 300 SAN LEANDRO, CA 94577	94-6000501	501 (C) 3	25,000				THE INTERGOVERNMENTAL TRANSFER PROGRAM FOR CHILDREN'S HEALTH CARE
ALAMEDA MEALS ON WHEELS INC PO BOX 2534 ALAMEDA, CA 94501	94-2299811	501 (C) 3	6,000				GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION INC 78 RANDALL AVENUE ROCKVILLE CENTRE, NY 11570	59-0173782	501 (C) 3	10,000				FINANCIAL AID FOR AN ALEXANDER MUSS HIGH SCHOOL IN ISRAEL PARTICIPANT FINANCIAL AID FOR LUCA VALDEZ-KAMINSKY
ALIVE & FREE 1060 TENNESSEE STREET SAN FRANCISCO, CA 94107	94-3171846	501 (C) 3	20,000				GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMEINU 25 BROADWAY - 9TH FLOOR 9TH FLOOR NEW YORK, NY 10004	30-0630338	501 (C) 3	45,000				DROR ISRAEL'S AKKO PROJECT PAY HALF IN JUNE 2019 AND HALF IN JUNE 2020
AMEINU OUR PEOPLE INC 25 BROADWAY 9TH FLOOR NEW YORK, NY 10004	30-0630338	501 (C) 3	5,000				THE DROR ISRAEL AKKO PROJECT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA 39 DRUMM ST SAN FRANCISCO, CA 94111	94-0279770	501 (C) 3	5,000				GENERAL PURPOSES
AMERICAN FRIENDS OF JORDAN RIVER VILLAGE FOUNDATION 244 MADISON AVENUE SUITE 482 NEW YORK, NY 10016	36-4558884	501 (C) 3	10,000				GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN ISRAEL EDUCATION FOUNDATION 251 H STREET NW WASHINGTON, DC 20001	52-1623781	501 (C) 3	100,000				GENERAL PURPOSES
AMERICAN JEWISH COMMITTEE SAN FRANCISCO BAY AREA CHAPTER 121 STEUART ST SUITE 405 SAN FRANCISCO, CA 94105	13-5563393	501 (C) 3	36,150				GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANTI DEFAMATION LEAGUE 605 THIRD AVENUE 9TH FLOOR NEW YORK, NY 10158	13-2887439	501 (C) 3	6,800				GENERAL PURPOSES
ARC SOUTHEAST PO BOX 7354 ATLANTA, GA 30357	47-3813101	501 (C) 3	10,000				GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAY AREA CHILDREN'S THEATRE 6114 LA SALLE AVENUE SUITE 431 OAKLAND, CA 94611	55-0871317	501 (C) 3	7,750				GENERAL PURPOSES
BAY AREA JEWISH HEALING CENTER 2530 TARAVAL ST 202 SAN FRANCISCO, CA 94116	94-2978977	501 (C) 3	10,250				THE GRIEF AND GROWING FUND, IN HONOR OF LEE POLLAK'S 80TH BIRTHDAY. PLEASE SEND AN ACKNOWLEDGMENT TO HER AT THE ADDRESS BELOW.



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BEACH CITIES CHABAD - JCC OF THE BEACH CITIES 2108 VAIL AVE REDONDO BEACH, CA 90278	95-4602218	501 (C) 3	8,057				DONATION OF MOTI & KELLY IFERGAN
BELOVED BUILDERS 123 CAMBRIDGE PLACE BROOKLYN, NY 11238	47-3898186	501 (C) 3	20,000				BELOVED BERKELEY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BERKELEY HILLEL 2736 BANCROFT WAY BERKELEY, CA 94704	52-1758790	501 (C) 3	61,997				TO PROVIDE ANNUAL SUPPORT FOR A UC BERKELEY STUDENT LEADERSHIP RETREAT WEEKEND THAT TAKES PLACE IN THE FALL FOR FRESHMEN AND NEW STUDENTS TO ORIENT THEM TO HILLEL, AND LEADERSHIP PATHS AVAILABLE THROUGH HILLEL
BERKELEY REPERTORY THEATRE 2025 ADDISON STREET BERKELEY, CA 94704	94-1679756	501 (C) 3	6,500				A 2017-2018 ANNUAL FUND CONTRIBUTION FOR GENERAL PURPOSES PLEASE LIST AS A 2017-18 CONTRIBUTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BERKELEY SCHOOL OF PUBLIC HEALTH 2080 ADDISON STREET BERKELEY, CA 94720	94-6090626	501 (C) 3	5,000				THE SCHOOL OF PUBLIC HEALTH, IN MEMORY OF LEONARD COHEN
BETH JACOB CONGREGATION 3778 PARK BLVD OAKLAND, CA 94610	94-1156833	501 (C) 3	123,596				ALIYAHS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIRTHRIGHT ISRAEL FOUNDATION PO BOX 21615 NEW YORK, NY 10087	13-4092050	501 (C) 3	7,038				GENERAL PURPOSES
BLACK PINE CIRCLE SCHOOL 2027 7TH STREET BERKELEY, CA 94710	94-1700228	501 (C) 3	5,000				THE MUSICAL INSTRUMENT PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUBS OF OAKLAND 3300 HIGH ST PO BOX 18770 OAKLAND, CA 94619	68-0338324	501 (C) 3	13,000				GENERAL PURPOSES PLEASE PROVIDE THE ENLARGED VERSION OF THE CHECK PER DISCUSSION BETWEEN LISA TABAK AND JOE EPSTEIN. PLEASE MAIL THAT VERSION TO JOE EPSTEIN, 955 GREEN ST #3, SAN FRANCISCO, CA 94133
CO UC DAVIS GIFT ADMINISTRATION 202 COSTEAU PLACE SUITE 185 DAVIS, CA 95618	94-6081352	501 (C) 3	7,500				IS TO BE DIRECTED TO THE UC DAVIS GRADUATE SCHOOL OF MANAGEMENT FOR FACULTY SUPPORT AS PART OF THE GIVE DAY CHALLENGE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAL PERFORMANCES UNIVERSITY OF CALIFORNIA 101 ZELLERBACH HALL 4800 BERKELEY, CA 94720	94-6002123	501 (C) 3	26,750				CAL PERFORMANCES
CALIFORNIA TROUT 360 PINE STREET 4TH FLOOR SAN FRANCISCO, CA 94104	23-7097680	501 (C) 3	25,000				THE CASH RESERVE CAMPAIGN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMP KEE TOV 1301 OXFORD ST BERKELEY, CA 94709	94-6030626	501 (C) 3	8,000				FINANCIAL AID FOR EAST BAY CAMPERS
CAMP RAMAH IN NORTHERN CALIFORNIA 969-G EDGEWATER BLVD SUITE 804 FOSTER CITY, CA 94404	91-2020313	501 (C) 3	8,500				FINANCIAL AID FOR EAST BAY CAMPERS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMP TAWONGA 131 STEUART ST STE 460 SAN FRANCISCO, CA 94105	94-3227261	501 (C) 3	17,217				GENERAL PURPOSES
CHABAD AT UCSB 779 CAMINO PESCADERO GOLETA, CA 93117	26-2911051	501 (C) 3	7,200				JEWISH HOLIDAY EVENTS THAT PROVIDE A SAFE AND WELCOMING HOME FOR STUDENTS LOOKING TO LEARN ABOUT LIFE, INTERACT SOCIALLY WITH EACH OTHER, AND EXPLORE JUDAISM



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHABAD JEWISH CENTER OF OAKLAND 3014 LAKESHORE AVENUE OAKLAND, CA 94610	95-4241332	501 (C) 3	11,921				GENERAL PURPOSES IN MEMORY OF RABBI SHMUEL FOGELMAN
CHABAD OF CONTRA COSTA 1671 NEWELL AVE WALNUT CREEK, CA 94595	68-0422655	501 (C) 3	21,700				IN APPRECIATION OF RABBI BERKOWITZ LEARNING TORAH WITH OUR SON

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHABAD OF PACIFIC PALISADES 17315 WEST SUNSET BLVD PACIFIC PALISADES, CA 90272	77-0600603	501 (C) 3	5,000				GENERAL PURPOSES
CHABAD OF THE EAST BAY PO BOX 5292 BERKELEY, CA 94705	94-3101524	501 (C) 3	22,930				AN ANNUAL GIFT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHALLAH FOR HUNGER C/O TRIBE COMMONS 201 S CAMAC ST FLOOR 2 PHILADELPHIA, PA 19107	26-1540827	501 (C) 3	5,750				THE CHALLAH-DAYS CAMPAIGN, IN HONOR OF JENNA AND WENDY FELDMAN IN HONOR OF JENNA AND WENDY FELDMAN
COMMONWEALTH CLUB OF CALIFORNIA 110 THE EMBARCADERO SAN FRANCISCO, CA 94105	94-0399260	501 (C) 3	17,000				THE COMMONWEALTH CLUB'S INTERN PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY FOUNDATION OF JACKSON HOLE PO BOX 574 JACKSON, WY 83001	83-0308856	501 (C) 3	34,000				THE FOLLOWING LIST OF ORGANIZATIONS THROUGH THE OLD BILL'S FUN RUN:
CONGREGATION BETH EL 1301 OXFORD ST BERKELEY, CA 94709	94-6030626	501 (C) 3	7,100				GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONGREGATION BETH ISRAEL 1630 BANCROFT WAY BERKELEY, CA 94703	94-1566830	501 (C) 3	126,557				THE ANNUAL FUND
CONGREGATION B'NAI SHALOM 74 ECKLEY LANE WALNUT CREEK, CA 94596	51-0155227	501 (C) 3	36,600				THE CONGREGATION B'NAI SHALOM GENERAL FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONGREGATION B'NAI TIKVAH 25 HILLCROFT WAY WALNUT CREEK, CA 94596	94-2824039	501 (C) 3	37,400				GENERAL PURPOSES IN HONOR OF THE HIGH HOLY DAYS
CONGREGATION EMANU-EL 2 LAKE STREET SAN FRANCISCO, CA 94118	94-1156521	501 (C) 3	9,015				SCHOLAR IN RESIDENCE SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONGREGATION KOL SHOFAR 215 BLACKFIELD DR TIBURON, CA 94920	94-2539545	501 (C) 3	20,236				GENERAL CONTRIBUTION
CONGREGATION NETIVOT SHALOM 1316 UNIVERSITY WAY BERKELEY, CA 94702	94-3089303	501 (C) 3	18,655				MEMBERSHIP DUES MEMBERSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONTRA COSTA INTERFAITH HOUSING 399 TAYLOR BLVD SUITE 115 PLEASANT HILL, CA 94523	91-1797391	501 (C) 3	10,000				TO SUPPORT PERMANENT HOUSING AND SERVICES AT THE GARDEN PARK APARTMENTS FOR HOMELESS FAMILIES IN CONTRA COSTA COUNTY
CONTRA COSTA JEWISH COMMUNITY CENTER 1550 PARKSIDE DRIVE SUITE 130 WALNUT CREEK, CA 94596	94-1156560	501 (C) 3	70,551				THE GENERAL NEEDS AND PURPOSES OF THE CCJCC



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

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CONTRA COSTA JEWISH DAY SCHOOL 955 RISA ROAD LAFAYETTE, CA 94549	94-3375313	501 (C) 3	131,520				THE CCJDS ANNUAL OPERATIONS CAMPAIGN FOR TUITION ASSISTANCE AND ONGOING OPERATIONS
CONTRA COSTA MIDRASHA 25 HILLCROFT WAY WALNUT CREEK, CA 94597	68-0171267	501 (C) 3	14,925				HAVANA NIGHTS 'FUND A NEED'

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

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CROHN'S & COLITIS FOUNDATION OF AMERICA INC - NORTHERN CALIFORNIA CHAPTER 5 THIRD STREET SUITE 815 SAN FRANCISCO, CA 94103	13-6193105	501 (C) 3	7,250				THE PADDLE RAISE (#101)
DOCTORS WITHOUT BORDERS 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	13-3433452	501 (C) 3	5,000				GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EAST BAY COLLEGE FUND 2030 FRANKLIN STREET SUITE 210 OAKLAND, CA 94612	54-2103707	501 (C) 3	6,550				GENERAL PURPOSES
ECOLOGY CENTER 2530 SAN PABLO AVENUE BERKELEY, CA 94702	94-1703351	501 (C) 3	20,000				TO SUPPORT STAFF ENGAGEMENT AND TEAM EFFECTIVENESS, AND TO UPGRADE INTERNAL HR MANAGEMENT SOFTWARE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDUCATIONAL FOUNDATION OF ORINDA 21 C ORINDA WAY 123 ORINDA, CA 94563	94-2623617	501 (C) 3	30,250				GENERAL PURPOSES
FAMILY HOUSE INC 40 MISSION BAY BOULEVARD NORTH SAN FRANCISCO, CA 94158	94-2722663	501 (C) 3	5,000				GENERAL PURPOSES, IN HONOR OF SUSAN AND JAY MALL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST PLACE FOR YOUTH 426 17TH STREET SUITE 100 OAKLAND, CA 94612	94-3341034	501 (C) 3	110,000				GENERAL PURPOSES
FRIENDS OF THE ISRAEL DEFENSE FORCES 870 MARKET ST SUITE 872 SAN FRANCISCO, CA 94102	13-3156445	501 (C) 3	25,500				THE ISRAEL JOURNEY PROGRAM, WHICH HELPS SOLDIERS BETTER UNDERSTAND WHAT THEY ARE SERVING TO PROTECT, STRENGTHENS THE SENSE OF COMMUNITY WITHIN UNITS, AND CONTRIBUTES TO THE INDIVIDUAL'S PERSONAL DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF THE ISRAEL DEFENSE FORCES SAN FRANCISCO BAY AREA CHAP 870 MARKET ST SUITE 1015 SAN FRANCISCO, CA 94102	13-3156445	501 (C) 3	11,000				GENERAL PURPOSES
FRIENDS OF ZEN INC 2521 N 93RD ST WAUWATOSA, WI 53226	52-1195175	501 (C) 3	10,000				GENERAL PURPOSES

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

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GATEWAY WOMEN'S ACCESS FUND PO BOX 32034 SAINT LOUIS, MO 63132	47-1977531	501 (C) 3	20,000				GENERAL PURPOSES
GEORGE MARK CHILDREN'S HOUSE 2121 GEORGE MARK LANE SAN LEANDRO, CA 94578	94-3255845	501 (C) 3	19,000				GENERAL PURPOSES

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

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GROWGOOD 15332 ANTIOCH STREET POB 204 PACIFIC PALISADES, CA 90272	45-5472840	501 (C) 3	45,000				GENERAL PURPOSES
GUIDE DOGS FOR THE BLIND DEVELOPMENT DEPARTMENT PO BOX 3950 SAN RAFAEL, CA 94912	94-1196195	501 (C) 3	22,000				MONITORS FOR THE PUPPY CENTER



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HADASSAH HWZOA 40 WALL STREET 8TH FLOOR NEW YORK, NY 10005	13-4022483	501 (C) 3	22,000				NEURIM YOUTH ALIYAH VILLAGES. PLEASE NOTIFY HARIETT ZEITLIN OF OUR DONATION (818-437-0707), AND GIVE CREDIT TO THE DIABLO VALLEY HADASSAH CHAPTER OUR DONATION IS BEING MADE WITH THE UNDERSTANDING THAT NO GOODS OR SERVICES WILL BE PROVIDED TO ANY INDIVIDUAL IN EXCHANGE FOR THIS DONATION.
HADASSAH WOMEN'S ZIONIST ORGANIZATION OF AMERICA INC DEVELOPMENT DEPARTMENT 40 WALL STREET NEW YORK, NY 10005	13-4022483	501 (C) 3	10,250				GENERAL PURPOSES

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

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HASBARA FELLOWSHIPS 313 WEST 83RD STREET NEW YORK, NY 10024	20-1651102	501 (C) 3	8,000				GENERAL PURPOSES
HASIDAH PO BOX 9531 BERKELEY, CA 94709	45-4146075	501 (C) 3	40,670				A DOUBLE CHAI MATCH FOR AMALIA MINKOFF

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

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HEAD-ROYCE SCHOOL 4315 LINCOLN AVENUE OAKLAND, CA 94602	94-1518656	501 (C) 3	48,500				THE HEAD-ROYCE SCHOOL MASTER PLAN CAMPAIGN
HEBREW FREE LOAN ASSOCIATION OF SAN FRANCISCO 131 STEUART STREET SUITE 520 SAN FRANCISCO, CA 94105	94-1156545	501 (C) 3	15,100				ON THE OCCASION OF THE GALA

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

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HEBREW UNION COLLEGE - JEWISH INSTITUTE OF RELIGION 3077 UNIVERSITY AVENUE LOS ANGELES, CA 90007	31-0537067	501 (C) 3	11,500				THE RABBIS JOSEPH AND RAPHAEL ASHER ENDOWED SEMINAR
HONEST REPORTING 165 EAST 56TH STREET 2ND FLOOR 10024 SKOKIE BLVD SUITE 202 NEW YORK, NY 10022	06-1611859	501 (C) 3	16,650				GENERAL PURPOSES

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HUALALAI OHANA FOUNDATION PO BOX 5227 KAILUAKONA, HI 96745	81-0570716	501 (C) 3	5,000				GENERAL PURPOSES IN HONOR OF LAURA BAXTER-SIMONS AND NAT SIMONS CC TO: LAURA BAXTER-SIMONS AND NAT SIMONS 812 MENDOCINO AVENUE BERKELEY, CA 94707
INDEPENDENT JEWISH WORLD CINEMA PO BOX 4869 WALNUT CREEK, CA 94596	36-4821405	501 (C) 3	19,300				THE 2019 INDEPENDENT JEWISH WORLD CINEMA. THESE FUNDS SHOULD NOT BE APPLIED TO ANY PAST FESTIVALS. OUR CONTRIBUTION IS BEING MADE WITH THE UNDERSTANDING THAT NO GOODS OR SERVICES WILL BE PROVIDED TO ANY INDIVIDUAL IN EXCHANGE FOR THIS CONTRIBUTION.

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

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INSTITUTE FOR JEWISH AND COMMUNITY RESEARCH 3198 FULTON ST SAN FRANCISCO, CA 94118	94-3307253	501 (C) 3	6,600				ISRAEL TRIP FINANCIAL AID NAOMI BEARY - AARDVARK ISRAEL
INTERSECTION FOR THE ARTS 925 MISSION ST SAN FRANCISCO, CA 94103	94-1593216	501 (C) 3	27,250				PRODUCER CONTRIBUTION FOR "THE SHOOTING GALLERY"

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

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ISRAEL21C 44 MONTGOMERY ST SUITE 3700 SAN FRANCISCO, CA 94104	77-0571579	501 (C) 3	7,110				GENERAL PURPOSES
J THE JEWISH NEWS OF NORTHERN CALIFORNIA 225 BUSH STREET SUITE 480 SAN FRANCISCO, CA 94104	94-1089387	501 (C) 3	29,850				GENERAL PURPOSES, IN HONOR OF MARC BERGER

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

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J THE JEWISH WEEKLY OF NORTHERN CALIFORNIA 225 BUSH STREET SUITE 480 SAN FRANCISCO, CA 94104	94-1089387	501 (C) 3	14,660				GENERAL PURPOSES
JCC EAST BAY 1414 WALNUT STREET BERKELEY, CA 94709	71-0995500	501 (C) 3	77,013				GENERAL PURPOSES



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JEWISH COALITION FOR LITERACY 131 STEUART ST SUITE 205 SAN FRANCISCO, CA 94105	94-1156335	501 (C) 3	25,000				GENERAL PURPOSES
JEWISH COMMUNITY FEDERATION AND ENDOWMENT FUND OF SAN FRANCISCO 121 STEUART STREET SAN FRANCISCO, CA 94105	94-1156533	501 (C) 3	190,000				TO BE DIVIDED BY WOMEN'S PHILANTHROPY AND THE GENERAL CAMPAIGN, TO BE USED WHEREVER IT IS NEEDED MOST THIS IS A GIFT TO JCF FROM DR. HERB AND ELLEN BROSBE TO BE DIVIDED BY WOMEN'S PHILANTHROPY AND THE GENERAL CAMPAIGN.

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA 3718 E ROVER ROAD SUITE 118 TUCSON, AZ 85718	86-0718936	501 (C) 3	5,000				THE NORMAN WEZELMAN MEMORIAL ENDOWMENT SCHOLARSHIP FUND
JEWISH COMMUNITY HIGH SCHOOL OF THE BAY 1835 ELLIS STREET SAN FRANCISCO, CA 94115	94-3349377	501 (C) 3	112,700				AN ANNUAL GIFT

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

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JEWISH FAMILY & COMMUNITY SERVICES EAST BAY 2484 SHATTUCK AVE SUITE 210 BERKELEY, CA 94704	94-3250304	501 (C) 3	211,962				GENERAL PURPOSES
JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE CLEVELAND OHIO, CA 44122	34-0714445	501 (C) 3	30,000				GRANT MAKING

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JEWISH FEDERATION OF THE EAST BAY PO BOX 370 BERKELEY, CA 94704	94-1156560	501 (C) 3	630,478				SPONSORSHIP OF THE TODD PARR EVENT ON MAY 5, 2019, IN HONOR OF THE WORK OF LIORA ABRAHAMS-BROSBE ON THE SPOUT INITIATIVE AND PJ LIBRARY. PLEASE INFORM LIORA OF THIS GRANT. PLEASE INFORM LIORA
JEWISH FEDERATION OF THE SACRAMENTO REGION 2130 21ST STREET SACRAMENTO, CA 95818	94-1156558	501 (C) 3	37,860				WILDFIRE RELIEF

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

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JEWISH FILM INSTITUTE 145 NINTH STREET 200 SAN FRANCISCO, CA 94103	94-2854068	501 (C) 3	16,500				GENERAL PURPOSES
JEWISH NATIONAL FUND 78 RANDALL AVENUE ROCKVILLE CENTRE, NY 11570	13-1659627	501 (C) 3	71,200				GENERAL PURPOSES

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JEWISH STUDY NETWORK 3921 FABIAN WAY PALO ALTO, CA 94303	77-0555485	501 (C) 3	5,250				THE JEWISH STUDY NETWORK EXPERIENCE GALA
JOHN MUIR LAND TRUST PO BOX 31MARTINEZ CA 94553 MARTINEZ, CA 94553	68-0194652	501 (C) 3	15,788				TO SUPPORT THE PURCHASE OF THE PAINTED ROCK PROPERTY

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

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KCSM 1700 WEST HILLSDALE BLVD SAN MATEO, CA 94402	94-3084147	501 (C) 3	25,000				THE AUDIENCE STUDY
KEHILLA COMMUNITY SYNAGOGUE AND SCHOOL 1300 GRAND AVENUE PIEDMONT, CA 94610	94-2990386	501 (C) 3	35,000				GENERAL PURPOSES, TO BE USED WISELY

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

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KEVAH 2095 ROSE STREET SUITE 202 BERKELEY, CA 94709	94-1167406	501 (C) 3	10,360				THE ANNUAL FUND
KIMERA ORPHANAGE 8775 COSTA VERDE BLVD 307 SAN DIEGO, CA 92122	45-5514355	501 (C) 3	12,000				GENERAL PURPOSES



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KIPP BAY AREA SCHOOLS 1404 FRANKLIN STREET 500 OAKLAND, CA 94612	20-5010766	501 (C) 3	401,250				GENERAL PURPOSES
KLEZCALIFORNIA 1728 ALLSTON WAY BERKELEY, CA 94703	55-0824193	501 (C) 3	18,230				PROJECTS I AND II

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

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KQED 2601 MARIPOSA ST SAN FRANCISCO, CA 94110	94-1241309	501 (C) 3	31,000				GENERAL PURPOSES
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-2917999	501 (C) 3	10,000				GENERAL PURPOSES, IN HONOR OF BLAKE GROSSMAN BLAKE GROSSMAN THIRD STREAM PARTNERS 650 CALIFORNIA STREET SAN FRANCISCO, CA 94108

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

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LEHRHAUS JUDAICA 2736 BANCROFT WAY BERKELEY, CA 94704	94-3001353	501 (C) 3	102,043				GENERAL PURPOSES
LIBFORALL FOUNDATION 1959 N PEACE HAVEN ROAD 357 WINSTONSALEM, NC 27106	75-3141514	501 (C) 3	60,000				GENERAL PURPOSES

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MARIN COMMUNITY FOUNDATION 5 HAMILTON LANDING STE 200 NOVATO, CA 94949	94-3007979	501 (C) 3	25,370				TO BE APPLIED TO THE BERNICE E. GREENE FAMILY FUND
MEALS ON WHEELS OF SAN FRANCISCO 1375 FAIRFAX AVENUE SAN FRANCISCO, CA 94124	94-1741155	501 (C) 3	5,450				GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MORE THAN A GAME 1630 CHALLENGE DR SUITE A CONCORD, CA 94520	27-2164949	501 (C) 3	25,000				MARKETING COMMUNITY SERVICE PROGRAMS, UPGRADING BASEBALL FIELDS, AND TEACHING BASEBALL TO YOUTH IN UNDERPRIVILEGED COMMUNITIES OF THE BAY AREA
NATIONAL CENTER FOR YOUTH LAW 405 14TH STREET 15TH FLOOR OAKLAND, CA 94612	27-3077640	501 (C) 3	5,000				GENERAL PURPOSES

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NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501 (C) 3	8,600				GENERAL PURPOSES, WITH EARLY CHANUKAH WISHES TO MICHAEL AND RACHEL LAPPORTE AND FAMILY
NATIONAL NETWORK OF ABORTION FUNDS - THE YELLOWHAMMER FUND PO BOX 22457 PHILADELPHIA, PA 19110	04-3236982	501 (C) 3	5,000				TO BE DIRECTED TO THE YELLOWHAMMER FUND IN ALABAMA WAITING TO HEAR IF DIRECTING THE GRANT TO NNAF IS OK WITH MICHAEL.

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

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NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	13-2654926	501 (C) 3	7,000				GENERAL PURPOSES
NCSY 9831 W PICO BLVD SUITE 101 LOS ANGELES, CA 90035	13-5623717	501 (C) 3	15,610				GENERAL PURPOSES

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NCSY SUMMER PROGRAMS 11 BROADWAY 14TH FLOOR NEW YORK, NY 10004	13-5623717	501 (C) 3	14,110				ISRAEL TRIP FINANCIAL AID ESTHER SOKOLSKY - NCSY EURO ICE
NEW ISRAEL FUND 235 MONTGOMERY STREET SUITE 920 SAN FRANCISCO, CA 94104	94-2607722	501 (C) 3	6,500				WHERE NEEDED MOST IN HONOR OF OUR CHILDREN, LIORA BROSBE, DANIEL ISAACSON, GABE BROSBE, SHIRA BROSBE, MATT DEPA, RUBEN BROSBE AND MEGAN MADISON



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

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NGO MONITOR PMB 225 1121 N BETHLEHEM PIKE STE 60 SPRING HOUSE, PA 19477	26-2971061	501 (C) 3	5,000				GENERAL PURPOSES
OAKLAND HEBREW DAY SCHOOL 5500 REDWOOD ROAD OAKLAND, CA 94619	94-3141287	501 (C) 3	328,388				THE ANNUAL FUND

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OAKLAND PUBLIC EDUCATION FUND 520 3RD STREET SUITE 109 OAKLAND, CA 94607	43-2014630	501 (C) 3	26,000				GENERAL PURPOSES
OAKLAND SYMPHONY 1440 BROADWAY SUITE 405 OAKLAND, CA 94612	94-3081554	501 (C) 3	6,500				THE ROBERTS DOCUMENTARY (SPRING 2019)

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

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PEAK CHRISTIAN ACADEMY CO AGAPE FELLOWSHIP 611 BROADWAY AVE PUEBLO, CO 81004	36-4841419	501 (C) 3	40,000				FOR USE SOLELY BY P.E.A.K. CHRISTIAN ACADEMY
PEF ISRAEL ENDOWMENT FUNDS INC 630 THIRD AVENUE 15TH FLOOR NEW YORK, NY 10017	13-6104086	501 (C) 3	56,860				KEHILLAT YEDIIDYAH - JERUSALEM

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PHILHARMONIA BAROQUE ORCHESTRA 414 MASON ST 606 SAN FRANCISCO, CA 94102	94-2848318	501 (C) 3	5,500				THE ANNUAL FUND
PIEDMONT EDUCATION FOUNDATION 401 HIGHLAND AVENUE PIEDMONT, CA 94611	94-6426176	501 (C) 3	13,000				THE GIVING CAMPAIGN FOR PIEDMONT SCHOOLS

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

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PROJECT GLIMMER 269 STRATFORD DRIVE SAN FRANCISCO, CA 94132	46-4625320	501 (C) 3	5,000				GENERAL PURPOSES
REBUILDING TOGETHER OAKLAND 520 3RD STREET STE 109 OAKLAND, CA 94607	94-3213325	501 (C) 3	5,000				GENERAL PURPOSES

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RODEF SHOLOM 170 NORTH SAN PEDRO ROAD SAN RAFAEL, CA 94903	94-6030040	501 (C) 3	5,245				MEMBERSHIP, CAPITAL IMPROVEMENT FUND, AND RELIGIOUS SCHOOL
SALANTER AKIBA RIVERDALE ACADEMY 655 WEST 254TH STREET RIVERDALE, NY 10471	13-2646185	501 (C) 3	7,610				THE SAR ANNUAL FUND, IN HONOR OF GABRIELA KAHANE IN HONOR OF GABRIELA KAHANE

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

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SAN ANTONIO COMMUNITY DEVELOPMENT CORPORATION INC 2228 E 15TH STREET OAKLAND, CA 94606	94-2675448	501 (C) 3	12,000				GENERAL PURPOSES
SAN FRANCISCO MUSEUM OF MODERN ART 151 THIRD STREET SAN FRANCISCO, CA 94103	94-1156300	501 (C) 3	22,500				GENERAL PURPOSES

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SAN FRANCISCO ZEN CENTER 300 PAGE STREET SAN FRANCISCO, CA 94102	94-3143976	501 (C) 3	5,000				GENERAL PURPOSES
SHALOM BAYIT PO BOX 2883 BERKELEY, CA 94702	94-3213100	501 (C) 3	59,950				GENERAL PURPOSES, WHEREVER IT IS NEEDED MOST, IN HONOR OF DEAR FRIENDS ALEXIS MILEA AND JERRY DERBLICH. PLEASE INFORM THEM OF THE DONATION AT THE ADDRESS BELOW: IN HONOR OF OUR DEAR FRIENDS, ALEXIS MILEA AND JERRY DERBLICH 2410 JEFFERSON BERKELEY, CA. 94703. FROM ELLEN AND HERB BROSBE



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

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SHELTER INC OF CONTRA COSTA COUNTY P O BOX 5368 CONCORD, CA 94524	68-0117241	501 (C) 3	11,250				GENERAL PURPOSES
SIMON WIESENTHAL CENTER 1399 SO ROXBURY DR LOS ANGELES, CA 90035	95-3964928	501 (C) 3	6,000				TO HONOR THE 70TH BIRTHDAY OF OSBORNE ERICKSON, AND IS TO BE DIRECTED AT HIS DISCRETION. PLEASE INFORM HIM OF THIS GIFT. PLEASE ADVISE OSBORNE ERICKSON OF THE GIFT SO THAT HE CAN DIRECT THE AREA OF INTEREST OF THE WIESENTHAL CENTER THAT HE CHOOSES.

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SLAVIC LANGUAGES & LITERATURES 812 E WASHINGTON ST 3040 MLB ANN ARBOR, MI 48109	38-6006309	501 (C) 3	6,800				SUPPORT OF PROFESSOR KRUTIKOV'S SHETL BOOK/TRANSLATION PROJECT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501 (C) 3	6,550				GENERAL PURPOSES, WHEREVER IT IS NEEDED MOST, AND TO SUPPORT TEACHING TOLERANCE

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

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STANFORD UNIVERSITY GIFT PROCESSING PO BOX 20466 STANFORD, CA 94309	94-1156365	501 (C) 3	31,000				STANFORD HEALTH CARE PARTNERS IN APPRECIATION OF THE PROFESSIONAL ATTENTION FROM DRS. TREMMEL AND ZARAFSHAR-JIMENEZ DO NOT MENTION THE DONOR ADVISED FUND. THIS IS A GIFT FROM PHYLLIS AND STEVEN HALLERT
STUDIO 70 1009 CAMELIA STREET BERKELEY, CA 94710	47-4626484	501 (C) 3	18,900				EDAH

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TELEOSIS FOUNDATION 863 ARLINGTON AVE BERKELEY, CA 94707	94-3400328	501 (C) 3	30,000				PROGRAM DEVELOPMENT AND COMMUNITY INITIATIVES
TEMPLE BETH ABRAHAM 336 EUCLID AVENUE OAKLAND, CA 94610	94-1375793	501 (C) 3	43,767				GENERAL PURPOSES

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TEMPLE BETH TORAH PO BOX 6017 FREMONT, CA 94538	94-6085322	501 (C) 3	55,455				GENERAL PURPOSES
TEMPLE ISAIAH 945 RISA ROAD LAFAYETTE, CA 94549	94-1626373	501 (C) 3	221,574				SYNAGOGUE EDUCATION PROGRAMS

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TEMPLE ISRAEL OF ALAMEDA 3183 MECARTNEY ROAD ALAMEDA, CA 94502	94-3236534	501 (C) 3	5,000				FOR COMPLETION OF LIFE & LEGACY YEAR 4 GOALS
TEMPLE SINAI 2808 SUMMIT STREET OAKLAND, CA 94609	94-1156845	501 (C) 3	41,848				GENERAL PURPOSES

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THE AFRICAN MIDDLE EASTERN LEADERSHIP PROJECT 1875 CONNECTICUT AVENUE NW WASHINGTON DC, DC 20009	81-4648053	501 (C) 3	10,000				GENERAL PURPOSES
THE ASPEN INSTITUTE 1000 NORTH THIRD STREET ASPEN, CO 81611	84-0399006	501 (C) 3	6,000				GENERAL PURPOSES

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THE BATTERY FOUNDATION 717 BATTERY STREET SAN FRANCISCO, CA 94111	46-5476017	501 (C) 3	8,000				GENERAL PURPOSES
THE BINGHAMTON UNIVERSITY FOUNDATION PO BOX 6005 BINGHAMTON, NY 13902	16-6053710	501 (C) 3	5,000				THE DECKER SCHOOL



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THE CONTEMPORARY JEWISH MUSEUM 736 MISSION ST SAN FRANCISCO, CA 94103	47-0920831	501 (C) 3	25,150				GENERAL PURPOSES
THE HEBREW UNIVERSITY OF JERUSALEM 1 BATTERY PARK PLAZA 25TH FL NEW YORK, NY 10004	13-1568923	501 (C) 3	5,000				GENERAL PURPOSES

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THE JEWISH FEDERATION OF GREATER LOS ANGELES 6505 WILSHIRE BLVD LOS ANGELES, CA 90048	95-1643388	501 (C) 3	10,360				FIRE RELIEF
THE MAGNES COLLECTION OF JEWISH ART AND LIFE 2121 ALLSTON WAY BERKELEY, CA 94720	94-6103646	501 (C) 3	8,339				GENERAL PURPOSES, IN MEMORY OF LEO HELZEL. PLEASE INFORM FLO HELZEL OF THIS GRANT.

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THE NATURE CONSERVANCY 201 MISSION ST 4TH FLOOR SAN FRANCISCO, CA 94105	53-0242652	501 (C) 3	20,000				TO BE DISTRIBUTED AS FOLLOWS: \$15,000 FOR THE MAUI MARINE PROGRAM, AND \$5,000 FOR THE CALIFORNIA CHAPTER'S GENERAL PURPOSES
THE OLIVE TREE INITIATIVE UNIVERSITY OF CALIFORNIA IRVINE 3151 SOCIAL SCIENCE PLAZA IRVINE, CA 92697	95-2540117	501 (C) 3	11,340				ISRAEL TRIP FINANCIAL AID IRENE YI - OLIVE TREE INITIATIVE

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THE REUTLINGER COMMUNITY 4000 CAMINO TASSAJARA DANVILLE, CA 94506	94-2833147	501 (C) 3	221,608				ANNUAL DISTRIBUTIONS FOR GENERAL PURPOSES OF THE FEDERATION, AND BOTH PRINCIPAL AND INTEREST AVAILABLE FOR NEW LOCATION AND/OR BUILDING FOR THE HOME OF JEWISH PARENTS
THE ROYBAL FOUNDATION 5251 EAST BEVERLY BLVD LOS ANGELES, CA 90022	95-4031228	501 (C) 3	15,000				GENERAL PURPOSES

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TIBA FOUNDATION 1161 MISSION STREET SAN FRANCISCO, CA 94103	20-1102853	501 (C) 3	5,250				GENERAL PURPOSES
TOLA ORGANIZING ACADEMY 191 RIDGEWAY AVENUE OAKLAND, CA 94611	82-1791727	501 (C) 3	5,000				GENERAL PURPOSES

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TRUCKEE DONNER LAND TRUST PO BOX 8816 TRUCKEE, CA 96162	68-0245327	501 (C) 3	10,000				UNRESTRICTED LAND ACQUISITIONS
UC BERKELEY FOUNDATION UNIVERSITY DEVELOPMENT 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 94704	94-6090626	501 (C) 3	65,000				THE GLOBAL HEALTH DOCTORAL FUND (FW8268)

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UC BERKELEY HILLEL 2736 BANCROFT WAY BERKELEY, CA 94704	52-1758790	501 (C) 3	19,980				GENERAL PURPOSES
UC EDUCATION ABROAD PROGRAM SYSTEMWIDE OFFICE / ATTN PAYMENTS GOLETA, CA 93117	94-3067788	501 (C) 3	5,000				FINANCIAL AID FOR A UCEAP HEBREW UNIVERSITY OF JERUSALEM - FALL SEMESTER ABROAD PROGRAM PARTICIPANT FINANCIAL AID FOR ALEXANDER YOUNG

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UCSB ATHLETICS ICA BUILDING 243 SANTA BARBARA, CA 93106	06-1665773	501 (C) 3	65,000				UCSB BASEBALL FIELD ENHANCEMENTS AND BASEBALL TEAM SUPPORT ITEMS NOT COVERED IN THE ANNUAL BUDGET
UCSF BENIOFF CHILDREN'S HOSPITALS 2201 BROADWAY SUITE 600 OAKLAND, CA 94612	94-1657474	501 (C) 3	5,000				THE MEDICAL-LEGAL PARTNERSHIP FOR THE EAST BAY



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UCSF BENIOFF CHILDREN'S HOSPITALS FOUNDATION PO BOX 45339 SAN FRANCISCO, CA 94145	94-1657474	501 (C) 3	26,000				FOR PEDIATRIC PSYCHOLOGY, IN HONOR OF DINA HANKIN THIS IS IN HONOR OF DINA HANKIN
UCSF FOUNDATION PO BOX 45339 SAN FRANCISCO, CA 94145	94-2829914	501 (C) 3	52,750				DR. KIRKWOOD'S RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED STATES HOLOCAUST MEMORIAL MUSEUM PO BOX 90988 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 20024	52-1309391	501 (C) 3	8,000				GENERAL PURPOSES
UNIVERSITY OF CALIFORNIA BERKELEY FOUNDATION RICHARD RHODA GOLDMAN SCHOOL OF PUBLIC POLICY 2607 HEARST AVENUE BERKELEY, CA 94720	94-6090626	501 (C) 3	37,749				THE THIRD PAYMENT ON A GRANT TO THE GOLDMAN SCHOOL OF PUBLIC POLICY FOR GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF CHICAGO 5235 SOUTH HARPER COURT SUITE 523 CHICAGO, IL 60615	36-2177139	501 (C) 3	6,000				THE IOP-IOWA PROJECT, IN HONOR OF DAVID JACOBSON DAVID JACOBSON VICE CHAIRMAN BMO FINANCIAL GROUP 111 WEST MONROE STREET CHICAGO, IL 60603
UNIVERSITY OF MICHIGAN OFFICE OF DEVELOPMENT 3003 SOUTH STATE STREET SUITE 9000 ANN ARBOR, MI 48109	38-6006309	501 (C) 3	11,500				THE RACKHAM SCHOOL OF EDUCATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
URBAN ADAMAH 1151 SIXTH ST BERKELEY, CA 94710	27-4349643	501 (C) 3	83,300				GENERAL PURPOSES, WHEREVER IT IS NEEDED MOST, IN HONOR OF ADAM WEISBERG'S NEW POSITION AND IN HONOR OF BABY ALMA, FIRST CHILD OF ARIELA AND DAVID, AND FOR THEIR ANNIVERSARY. PLEASE INFORM THEM OF THIS DONATION THIS DONATION FROM ELLEN AND HERB BROSBE IS IN HONOR OF ADAM WEISBERG'S NEW POSITION AND IN HONOR OF BABY ALMA, FIRST CHILD OF ARIELA AND DAVID (AND FOR THEIR ANNIVERSARY). PLEASE INFORM THE HONOREES.
URJ CAMP NEWMAN 711 GRAND AVENUE SUITE 280 SAN RAFAEL, CA 94901	13-1663143	501 (C) 3	37,750				GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
URJ TEEN TRAVEL PO BOX 523 NEW YORK, NY 10276	13-1663143	501 (C) 3	6,200				ISRAEL TRIP FINANCIAL AID JONAH SHIRAKURA - NFTY L'VOR V'DOR
VANGUARD CHARITABLE ENDOWMENT PO BOX 9509 WARWICK, RI 02889	23-2888152	501 (C) 3	40,000				THE BENJAMIN B. AND NATALIE O. CHARITABLE FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VERMONT TECHNICAL COLLEGE PO BOX 500 RANDOLPH CENTER, VT 05061	03-0213787	501 (C) 3	14,000				A SCHOLARSHIP AWARD FOR MARIA C. GOODWIN (SID: 1433659)
WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1111 19TH STREET NW SUITE 500 WASHINGTON, DC 20036	52-1376034	501 (C) 3	30,250				AN ANNUAL TRUSTEE GIFT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WATERSIDE WORKSHOPS 84 BOLIVAR DRIVE BERKELEY, CA 94710	26-0200654	501 (C) 3	5,000				GENERAL PURPOSES
WESLEYAN UNIVERSITY 45 WYLLYS AVENUE MIDDLETOWN, CT 06459	06-0646959	501 (C) 3	5,000				THE ABRAHAM ADZENYAH SCHOLARSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WILDERNESS TORAH 2095 ROSE STREET SUITE 202 BERKELEY, CA 94709	45-4437061	501 (C) 3	21,000				BOARD DEVELOPMENT
WEST COUNTY DIGS 600 HOFFMAN BLVD RICHMOND, CA 94804	94-2889684	501 (C) 3	5,000				THE WEST COUNTY DIGS PLANT TO PLATE PROGRAM



**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
THE JEWISH COMMUNITY FOUNDATION

Employer identification number  
94-6098382

**Part I Questions Regarding Compensation**

		Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>										
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>										
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee										
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>		No								
	<b>4b</b>		No								
	<b>4c</b>		No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No								
	<b>5b</b>		No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No								
	<b>6b</b>		No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>		No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>		No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>										

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> RABBI JAMES BRANDT CEO, EX-OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	----- 135,925	----- 0	----- 0	----- 0	----- 74,000	----- 209,925	----- 0
<b>2</b> LISA TABAK EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 123,927	----- 0	----- 0	----- 31,000	----- 0	----- 154,927	----- 0

**Part III** **Supplemental Information**

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE JEWISH COMMUNITY FOUNDATION

Employer identification number  
94-6098382

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	158	1,604,603	NYSE AVERAGE PRICE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

**Part II Supplemental Information.**

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

Return Reference	Explanation
PART I, COLUMN (B):	THE ORGANIZATION TREATS THE TOTAL NON-CASH CONTRIBUTIONS FROM ANY SINGLE DONOR ON ANY SINGLE DAY AS A SINGLE CONTRIBUTION. THERE WERE 158 DISTINCT CONTRIBUTIONS MADE IN THE CURRENT YEAR.

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

THE JEWISH COMMUNITY FOUNDATION

Employer identification number

94-6098382

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	AMY AND MORTON FRIEDKIN ARE HUSBAND AND WIFE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	A MEMBER OF THE AUDIT COMMITTEE REVIEWS THE FORM 990 BEFORE FINALIZATION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS REVIEWED AT THE FIRST BOARD MEETING OF THE YEAR.



# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	INCREASE IN CASH SURRENDER VALUE OF INSURANCE POLICY 19,047. GRANTS MADE IN PRIOR YEARS WE RE CANCELLED OR REDUCED DUE TO 191,100. CHANGES IN PROJECT BUDGETS OR CANCELLATION OF PROJ ECTS PRIOR TO FUNDING.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR IN THE OVERSIGHT OR SELECTION PROCESS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART V, LINE 2A	FORM 990, PART VII FORM 990, PART IX, LINE 5 & 7 THE JEWISH FEDERATION OF THE GREATER EAST BAY PAYS ALL OF THE JEWISH COMMUNITY FOUNDATION'S SALARY EXPENSE THROUGH ITS PAYROLL COMPANY AND THEN BILLS THE FOUNDATION FOR REIMBURSEMENT.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE JEWISH COMMUNITY FOUNDATION

**Employer identification number**

94-6098382

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

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

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

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved





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

Provide additional information for responses to questions on Schedule R (see instructions).

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 94-6098382  
**Name:** THE JEWISH COMMUNITY FOUNDATION

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 94-1156560	SUPPORT ACTIVITIES OF THE JEWISH COMMUNITY FOUNDATION	CA	501(C)(3)	LINE 7			No
2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 56-2620699	SUPPORT ACTIVITIES OF THE JEWISH COMMUNITY FOUNDATION	CA	501(C)(3)	LINE 12A, I	THE JEWISH COMMUNITY FOUNDATION	Yes	
2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 76-0784729	SUPPORT ACTIVITIES OF THE JEWISH COMMUNITY FOUNDATION	CA	501(C)(3)	LINE 12A, I	THE JEWISH COMMUNITY FOUNDATION	Yes	
2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 94-3372543	SUPPORT ACTIVITIES OF THE JEWISH COMMUNITY FOUNDATION	CA	501(C)(3)	LINE 12A, I	THE JEWISH COMMUNITY FOUNDATION	Yes	
2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 31-1585703	SUPPORT ACTIVITIES OF THE JEWISH COMMUNITY FOUNDATION	CA	501(C)(3)	LINE 12A, I	THE JEWISH COMMUNITY FOUNDATION	Yes	
2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 03-0527948	SUPPORT ACTIVITIES OF THE JEWISH COMMUNITY FOUNDATION	CA	501(C)(3)	LINE 12A, I	THE JEWISH COMMUNITY FOUNDATION	Yes	
2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 80-0076298	SUPPORT ACTIVITIES OF THE JEWISH COMMUNITY FOUNDATION	CA	501(C)(3)	LINE 12A, I	THE JEWISH COMMUNITY FOUNDATION	Yes	
2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 91-2172750	SUPPORT ACTIVITIES OF THE JEWISH COMMUNITY FOUNDATION	CA	501(C)(3)	LINE 12A, I	THE JEWISH COMMUNITY FOUNDATION	Yes	
2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 94-3345608	SUPPORT ACTIVITIES OF THE JEWISH COMMUNITY FOUNDATION	CA	501(C)(3)	LINE 12A, I	THE JEWISH COMMUNITY FOUNDATION	Yes	
2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 94-6103646	SUPPORT ACTIVITIES OF THE JEWISH COMMUNITY FOUNDATION	CA	501(C)(3)	LINE 12A, I	THE JEWISH COMMUNITY FOUNDATION	Yes	
2121 ALLSTON WAY SUITE 200 BERKELEY, CA 94720 31-1642430	SUPPORT ACTIVITIES OF THE JEWISH COMMUNITY FOUNDATION	CA	501(C)(3)	LINE 12A, I	THE JEWISH COMMUNITY FOUNDATION	Yes	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> JEWISH COMMUNITY FEDERATION OF THE GREATER EAST BAY	P	1,071,054	ACTUAL REIMBURSEMENT
<b>(1)</b> 10 SUPPORTING ORGANIZATIONS	Q	424,778	ACTUAL REIMBURSEMENT
<b>(2)</b> JOSEPH AND SHERRY FELSON FAMILY FUND	C	637,548	CASH TRANSFER
<b>(3)</b> THE GOODMAN FAMILY SUPPORTING FOUNDATION	C	61,800	CASH TRANSFER
<b>(4)</b> LIBITZKY FAMILY FOUNDATION	C	1,800	CASH TRANSFER
<b>(5)</b> KESSLER FAMILY FOUNDATION	C	1,800	CASH TRANSFER
<b>(6)</b> THE SJ COLEN FAMILY FOUNDATION	C	1,800	CASH TRANSFER
<b>(7)</b> JEWISH COMMUNITY FEDERATION OF THE GREATER EAST BAY	C	84,346	CASH TRANSFER