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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

DLN: 93493091005286 OMB No 1545-0047

Open to Public Inspectio<u>n</u>

781,462

909,089

A Fo	r the 20	014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015				
B Ch	eck ıf apı	olicable C Name of organization JEWISH COMMUNITY RELATIONS COUNCIL		D Employ	yer iden	tification number
— Ad	dress cha			04-21	04347	
— _{Na}	me chan	Doing business as				
– _{Ini}	tıal return			E Telepho	ne numb	ner.
_ Fir		Number and street (or P O box if mail is not delivered to street address) Room/suite 126 HIGH STREET NO 3 FL		•		
_	urn/term	niateu		(617)	457-8	662
_	nended re	BOSTON, MA 02110		G Gross re	eceints \$	3,102,848
Ap	plication _l	pending		G G1033 10	secipts #	3,102,040
		F Name and address of principal officer SCOTT GILEFSKY	H(a) Is th		return	
		126 HIGH STREET NO 3 FL	subo	rdinates?		┌ Yes 🗸 No
		BOSTON, MA 02110	H(b) Are a	ıll subordı	nates	┌ Yes ┌ No
			ınclu			, , ,
[18	ıx-exemp	t status	11 "N	o," attacn	a list ((see instructions)
J W	ebsite:	► WWW JCRCBOSTON ORG	H(c) Grou	ıp exemptı	on num	nber ►
K For	m of orga	inization 🔽 Corporation 🧵 Trust 🗍 Association 🗍 Other ►	L Year of fo	rmation 19	44 M	State of legal domicile M
Pa	rt I	Summary				
		riefly describe the organization's mission or most significant activities				
	<u>R</u>	EPRESENTATIVE VOICE OF THE ORGANIZED JEWISH COMMUNITY IN TH	E GREATER	BOSTON	IAREA	
<u>မ</u> ိ	-					
<u> </u>						
Governance	2 C	heck this box 🚩 if the organization discontinued its operations or disposed of	5% of its	net as	sets	
] , N	umber of voting members of the governing body (Part VI, line 1a)			з	3:
ୟ ଜୁନ		umber of voting members of the governing body (Part VI, line 1a)			4	3:
ACTIVITIES &		otal number of individuals employed in calendar year 2014 (Part V, line 2a)		•	5	20
ş		otal number of volunteers (estimate if necessary)			6	
4		otal unrelated business revenue from Part VIII, column (C), line 12			7a	
		et unrelated business taxable income from Form 990-T, line 34			7b	(
			Pric	r Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,846,4	87	3,095,983
Revenue	9	Program service revenue (Part VIII, line 2g)			0	(
eye.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,4	14	6,865
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	(
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,850,9	001	3,102,848
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0	(
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	(
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)		1,719,8	372	1,828,109
)3e	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	(
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶212,328				
Ð			-	QEO 4	5.2	1 1 4 7 1 1 1
	17 18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		950,4 2,670,3		1,147,112 2,975,22
	19	Revenue less expenses Subtract line 18 from line 12		180,5	_	127,627
± 27 3x 30		ACTUAL TO SEPTIME SECTION AND ADDRESS OF THE SECTION AD		g of Curre	-	
t Assets or nd Balances				ear		End of Year
35 AE	20	Total assets (Part X, line 16)		839,8	317	1,013,45
22	21	Total liabilities (Part X, line 26)	1	58,3	355	104,368

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepai preparer has any knowledge

Net assets or fund balances Subtract line 21 from line 20

Sign Here Signature of officer SCOTT GILEFSKY TREASURER Type or print name and title

Paid Preparer **Use Only** Print/Type preparer's name THERESA J CREEDEN

Preparer's signature THERESA J CREEDEN

Firm's address > 10 FORBES WEST

BRAINTREE, MA 02184 May the IRS discuss this return with the preparer shown above? (see instructio

For Paperwork Reduction Act Notice, see the separate instructions.

Par		ement of Program ement ontains			rt III		·
1	Briefly desc	rıbe the organızatıon's n	nission				
REPI	RESENTATIV	E VOICE OF THE ORG	ANIZED JEWISH CO	HT NI YTINUMMC	GREATER BOSTON AR	ĒΑ	
2		nızatıon undertake any s m 990 or 990-EZ?			ear which were not listed	on	┌ Yes ┌ No
	If "Yes," des	cribe these new service	s on Schedule O				
3	services? .	nızatıon cease conductı					┌ Yes ┌ No
	If "Yes," des	cribe these changes on	Schedule O				
4	expenses S		1(c)(4) organization	ns are required to rep	three largest program soort the amount of grants		
4a	BOSTON'S JEVE FAITH COMMUNICOPTION FOR RESOURCED UNDERSOURCED UNDERSOU	VISH COMMUNITY IN THE WOUNTIES AND A RANGE OF COUNTIES AND A COHEST THE PUBLIC ARENA THE COUNCIL ALSO PROVIDE AUNTITY RELATIONS COUNCIL POLICIES - CONTINUED(A) MACKEROUNDS TO FOSTER CIVIL SEE GOALS BY ENGAGING IN VERY STUDY TOUR PARTICIPATIONS OF THE COUNTIES OF JEWISH COMMUNITY OF JEWISH THE FOR STUDY TOUR PARTICIPATIONS OR AND THE FOR AND THE COUNCIL COMMUNITY, THE COUNCIL COMMUNITY, THE COUNCIL CAL OFFICIALS AT THE FEDER.	ROUGH THE FOLLOWING JOB OF SOCIAL JUSTICE MMUNITY BASED NONPR ZES HUNDREDS OF VOLUS, TELEM, A TEEN SERVIVE COMMUNITY, SYNAGG UNCIL COLLABORATES C S HOLOCAUST PROGRAM OF GREATER BOSTON, I NATURE OF ACTIVITIES SYORK SUCH AS COMMUNITY LEADERS AND SUPPORTS ARE STRATEGICALLY E MASSACHUSETTS ASSO QUALITY OF LIFE FOR ALL MULTIPLIES ITS IMPACT	PROGRAM ACTIVITIES SO THROUGH COMMUNITY SO THE FOUR SOCIAL INTEERS TO PROVIDE WEIGHT FOR THE FOUR SOCIAL INTEERS TO PROVIDE WEIGHT FOR THE FORM THE FORM THE GREAT MING AND EDUCATION, INC NOTES TO FINANCIAL CONTINUEDISRAEL ENGAUTH FOR ISRAEL, THE STAN THE SELECTED INFLUENTIAL INCLIFICATION OF JEWISH FEOID JALS, TO ADVOCATE FOR GLAND THE REACH OF ITS) (Reve DCIAL JUSTICE - THE COUNCI SERVICE AND COMMUNITY OR JUSTICE PROGRAM AREAS A EKLY TUTORING TO ELEMENTA WHICH ENGAGES OVER 900 M ACHOUTI, WHICH ENGAGES Y HINVOLVES LEADERS FROM A ER BOSTON INTERFAITH ORG N CONJUNCTION WITH THE N STATEMENTSSEPTEMBER 30, GEMENT - JCRC IS COMMITT E NATIONAL HOMELAND OF TH ATING RELATIONSHIPS THROUS STHROUGH OUR PARTNERSH LEADERS, INCLUDING CLERGY ERATIONS (MAJF), THE COUN COMPASSIONATE PUBLIC POLI L COLLABORATIONS WITH A W CONTACTS AND FOSTERS ANI EVE POLICY SUCCESSES IN TH	L WORKS TO ENG. GANIZING, IN PAR RE THE GREATER ARY SCHOOL CHIL IDDLE AND HIGH 'OUNG ADULTS IN REA SYNAGOGUE' ANIZATION IN GRA EW ENGLAND HOI 2015(1) SUMMAI ED TO ENGAGING E JEWISH PEOPLE IGHOUT GREATER IPS WITH THE JEV AND ELECTED OF CIL BRINGS TOGE CILES AND ADEQUAR IETY OF ADVOC D DEVELOPS RELA*	TNERSHIP WITH OTHER BOSTON JEWISH DREN IN UNDER SCHOOL STUDENTS IN SERVICE, FOSTERS S IN ORGANIZING AND ASSROOTS COMMUNITY OCAUST MEMORIAL RY OF SIGNIFICANT WITH PEOPLE FROM THE COUNCIL BOSTON, LEADING WISH COUNCIL FOR FICIALS GOVERNMENT THER BROAD ATE FUNDING TO ASSIS ACY ORGANIZATIONS IN TIONSHIPS WITH
4b	(Code) (Expenses	\$	including grants of \$) (Rever	ue \$)
4c	(Code) (Expenses	\$	including grants of \$) (Rever	ue \$)
4d	Other proar	ram services (Describe	ın Schedule O)				
	(Expenses	·	including grants	of\$) (Revenue \$)
4e	Total progra	am service expenses 🕨	2,395,78	2			

art IV	Checklis	t of	Required	Schedules

	Is the erganization described in section $E0.1/c(2)$ or $40.47/c(1)$ (other than a private foundation)? If "Vec."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\bullet}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

-orm	990 (2014)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νo
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Νo
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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			厂_
	Fatantha number and a Day 2 of Fame 1000 Fatan 0 of a standard 11	. —	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 23 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		 No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	- 50		
		5c		
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
ъ 7	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI -
d	file Form 8282?	7c		No_
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	$\frac{1}{2}$		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
13	year			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
С	Enter the amount of reserves on hand	_[
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Section A. Governing Body and Management

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "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 $$.													.[고
--	--	--	--	--	--	--	--	--	--	--	--	--	-----

	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νο
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?	, 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal i	Reveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?			Νo
14		13		
15	Did the organization have a written document retention and destruction policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?		Yes	
a	Did the process for determining compensation of the following persons include a review and approval by		Yes	
a b	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14		
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 15a	Yes	
b	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 15a 15b	Yes	No
b 16a	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 15a 15b	Yes	No
b 16a b	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 15a 15b	Yes	No
b 16a b	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 15a 15b	Yes	No

- - ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 CORPORATION

126 HIGH STREET BOSTON, MA 02110 (617) 457-8600

Form 990 (2014)
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)	а	a	e	7
)	а	a	e	7

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

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

Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	Posi more t perso and a	han d n is	ne l both	box, an d	officer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustie or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	Ţ			
c	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	۰	429,203	0	34,509

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►3

	_		res	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

	Section	R In	denende	nt Contra	ctors
--	---------	------	---------	-----------	-------

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

(B) Description of services	(C) Compensation
	(B) Description of services

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 VII	Statement of Revenue Check if Schedule O contains a response or note to any I	ne in this Part VIII								
	Check if Schedule O Contains a response or note to any I	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
	la Federated campaigns 1a									
Contributions, Giffs, Grants and Other Similar Amounts	b Membership dues 1b									
2 E	c Fundraising events 1c									
∄ la,	d Related organizations 1d									
5 ≅	e Government grants (contributions)									
Si Si										
Ĕ E	f All other contributions, gifts, grants, and similar amounts not included above 1f 3,095,983									
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contributions included in lines 1a-1f \$									
든	h Total. Add lines 1a-1f	3,095,983								
	Business Code									
Program Serwice Revenue	2a	1								
84 84	b									
- Se	c									
er er	d									
<u>د</u> ا	е									
<u> </u>	f All other program service revenue									
<u>¥</u>	g Total. Add lines 2a-2f									
:	3 Investment income (including dividends, interest,	6,865			6,865					
	and other similar amounts)	0,003			0,003					
	5 Royalties									
	(i) Real (ii) Personal									
	6a Gross rents									
	b Less rental expenses]								
	c Rental income or (loss)	1								
	d Net rental income or (loss)	1								
	(ı) Securities (ıı) Other									
7	7a Gross amount from sales of									
	assets other than inventory									
	b Less cost or other basis and]								
	sales expenses	4								
	d Net gain or (loss)	1								
1	8a Gross income from fundraising events (not including									
Other Revenue	\$ of contributions reported on line 1c) See Part IV, line 18									
<u>.</u>	h Loss direct expenses	- I								
5	b Less direct expenses b c Net income or (loss) from fundraising events	 								
	9a Gross income from gaming activities See Part IV, line 19									
	h Loss direct expenses	-								
	b Less direct expenses b c Net income or (loss) from gaming activities	 								
10	Oa Gross sales of inventory, less	+								
	returns and allowances .	- I								
	h Loss cost of goods sold	-								
	b Less cost of goods sold b c Net income or (loss) from sales of inventory	-{								
\vdash	Miscellaneous Revenue Business Code									
11	1a	1 l								
	b									
	с									
	d All other revenue									
	e Total. Add lines 11a-11d									
12	2 Total revenue. See Instructions				1					

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	one must comp	data calumn (A.)	
<u>secui</u>	Check if Schedule O contains a response or note to any line in this			nete column (A)	
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	201,594	151,195	10,080	40,319
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,339,776	1,127,818	95,608	116,350
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	178,200	148,956	12,471	16,773
10	Payroll taxes	108,539	90,133	7,458	10,948
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	8,335		8,335	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	238,360	195,043	36,579	6,738
12	Advertising and promotion				
13	Office expenses	128,131	83,760	37,818	6,553
14	Information technology				
15	Royalties				
16	Occupancy	140,826	118,036	9,235	13,555
17	Travel	241,744	213,452	27,897	395
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	103,722	4,432	99,290	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	14,960	1,519	13,257	184
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SPECIAL PROJECT SUPPLIE	233,637	233,637		
ь	FOOD	37,397	27,801	9,083	513
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,975,221	2,395,782	367,111	212,328
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2014) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1 2 741.878 2 849.839 43,550 124,485 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 6 15,000 7 15,000 8 8 39,389 9 9 24,133 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 14 15 15 **Total assets.** Add lines 1 through 15 (must equal line 34) 16 839,817 16 1,013,457 **17** 39,882 **17** 92,053 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . <u> Liabilities</u> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 18.473 12.315 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 26 Total liabilities. Add lines 17 through 25 58.355 26 104,368 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete **Fund Balances** lines 27 through 29, and lines 33 and 34.

27	Unrestricted net assets	737,912	27	784,604
28	Temporarily restricted net assets	43,550	28	124,485
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	781,462	33	909,089
34	Total liabilities and net assets/fund balances	839,817	34	1,013,457
				Form 990 (2014)

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Assets

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Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	•			୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,1	102,848
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,9	975,221
3	Revenue less expenses Subtract line 2 from line 1	3			127,627
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			781,462
5	Net unrealized gains (losses) on investments	5			01,102
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		ġ	909,089
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
За	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?	9	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: Software Version:

EIN: 04-2104347

Name: JEWISH COMMUNITY RELATIONS COUNCIL

OF GREATER BOSTON INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	hours per more the week (list person any hours and a		verage Position (do not check urs per more than one box, unless ek (list 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	
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 11307	2,1033 1130)	related organizations	
(1) JILL GOLDENBERG	5 00	х		х				0	0	0	
PRESIDENT (1) PHILIP GORDON	5 00										
VICE PRESIDENT		Х		Х				0	0	0	
(2) STACEY BLOOM VICE PRESIDENT	5 00	х		х				0	0	0	
(3) ADAM SUTTIN	5 00	х		х				0	0	0	
1ST VICE PRESIDENT (4) SCOTT GILEFSKY	5 00										
TREASURER		Х		Х				0	0	0	
(5) CAMPE GOODMAN	5 00	×		х				0	0	0	
ASST TREASURER (6) DEBBIE ISAACSON	5 00	х		х				0	0	0	
SECRETARY (7) ALEX KLIBANER	5 00							_			
ASST SECRETARY (8) ABBY FLAM	5 00	×		X				0	0	0	
DIRECTOR (9) ANN LEVIN	5 00	Х						0	0	0	
DIRECTOR		х						0	0	0	
(10) BENJAMIN PEARLMAN DIRECTOR	5 00	х						0	0	0	
(11) BETH BAKIK DIRECTOR	5 00	×						0	0	0	
(12) BILL GABOVITCH DIRECTOR	5 00	×						0	0	0	
(13) CHARLES KOPLIK	5 00	х						0	0	0	
(14) CLIFTON HELMAN	5 00	x						0	0	0	
DIRECTOR (15) DONALD SIEGEL	5 00										
DIRECTOR (16) FRANK LITWIN	5 00	Х						0	0	0	
DIRECTOR		х						0	0	0	
(17) GEOFFREY LEWIS DIRECTOR	5 00	×						0	0	0	
(18) GEORGI VOGEL-ROSE DIRECTOR	5 00	х						0	0	0	
(19) HOWARD BRICK DIRECTOR	5 00	х						0	0	0	
(20) JIM SEGEL	5 00	х						0	0	0	
DIRECTOR (21) JOEL RECK	5 00	Х						0	0	0	
DIRECTOR (22) JUSTIN WYNER	5 00	х						0	0	0	
DIRECTOR (23) KEN SWEDER	5 00	,,							_		
DIRECTOR (24) LESLEY INKER	5 00	X					_	0	0	0	
DIRECTOR		Х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (E) (A) (C) (F)

(A) Name and Title	(B) Average hours per week (list any hours	Posit more th persol and a	ion (nan o n is b	ne bo	ox, u an of	ınless fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) MARK FRIEDMAN DIRECTOR	5 00	х						0	0	0
(1) MEL SHUMAN	5 00	x						0	0	0
DIRECTOR		_ ^						Ů	<u> </u>	•
(2) MICHAEL BOHNEN DIRECTOR	5 00	x						0	0	0
(3) MIRIAM MAY DIRECTOR	5 00	х						0	0	0
(4) PAUL BERNON DIRECTOR	5 00	х						0	0	0
(5) RABBI BENJAMIN SAMUELS DIRECTOR	5 00	х						0	0	0
(6) RABBI CARL PERKINS	5 00	х						0	0	0
DIRECTOR (7) RABBI RONNE FRIEDMAN	5 00	х						0	0	0
DIRECTOR (8) RAY GINSBURG	5 00	X						0	0	0
DIRECTOR (9) RUTH FEIN	5 00	X						0	0	0
DIRECTOR (10) SAMATHA JOSEPH	5 00							_		
DIRECTOR (11) SCOTT BRIGHTMAN	5 00	X						0	0	0
DIRECTOR	F 00	Х						0	0	0
(12) SIMON SCHEFF DIRECTOR	5 00	х						0	0	0
(13) STUART ROSSMAN DIRECTOR	5 00	×						0	0	0
(14) SUSAN CALECHMAN	5 00	х						0	0	0
DIRECTOR (15) JEREMY BURTON	40 00				x			100 454	0	17 117
EXECUTIVE DIRECTOR								180,454	U	12,113
(16) ELANA MARGOLIS	40 00					х		121,784	0	18,295
ASSOCIATE DIRECTOR (17) NAHMA NADICH	40 00									
ASSOCIATE DIRECTOR						Х		126,965	0	4,101

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DLN: 93493091005286

Employer identification number

OMB No 1545-0047

SCHEDULE A PIII

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

JEWISH COMMUNITY RELATIONS COUNCIL

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2011

Open to Public Inspection

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.													
Pai	rt I	Reason for Publi	c Charity S	tatus (All organıza	tions must co	mplete this p	oart.) See instruction	ns.					
Γhe o	rganı	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)						
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	b)(1)(A)(i).						
2	\sqcap	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	Γ	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	ı	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
6	Г	<pre>section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</pre>											
7	, -	An organization that n						ieneral nublic					
•	1*	described in section 1				om a governme	entar anit or nom the g	elleral public					
8	\sqcap	A community trust des				tII)							
9	\sqcap	An organization that n	ormally receiv	es (1) more than 331	1/3% of its supp	ort from contri	butions, membership t	fees, and gross					
		receipts from activitie	s related to its	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	31/3% of					
		ıts support from gross	ınvestment ın	come and unrelated b	usıness taxable	income (less	section 511 tax) from	businesses					
		acquired by the organi	zatıon after Ju	ne 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)						
10	Γ	An organization organi	ized and opera	ted exclusively to tes	t for public safe	ty See sectio i	n 509(a)(4).						
11	Γ	An organization organi	•	•				• •					
		one or more publicly s											
а	$\overline{}$	the box in lines 11a th Type I. A supporting o											
u	'	supported organization											
		organization You mus			-	•		11 3					
b	Γ	Type II. A supporting											
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) You					
c	Г	must complete Part IN Type III functionally i			n operated in c	onnection with	and functionally inter	arated with its					
•	•	supported organization						gracea viicii, ico					
d	\sqcap	Type III non-function	ally integrated	. A supporting organi	zatıon operated	ın connection	with its supported org						
		not functionally integra					ement and an attentiv	eness requirement					
e	\vdash	(see instructions) You Check this box if the o					saTvnel Tvnell T	vne III functionally					
•	'	integrated, or Type III					3 d 1 ypc 1, 1 ypc 11, 1	ype III functionally					
f		Enter the number of su											
g		Provide the following in	nformation abo	out the supported orga	ınızatıon(s)								
		ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org		(v) A mount of	(vi) Amount of					
	1	organization		organization	listed in your		monetary support	other support (see					
(described on lines document? (see instructions)							(see mstructions)	instructions)					
				section (see	^								
				instructions))									
					Yes	No							
Total													

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 2,661,856 2,724,390 2,321,897 2,846,487 3,095,983 13,650,613 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,661,856 2,724,390 2,321,897 2,846,487 3,095,983 13,650,613 Total. Add lines 1 through 3 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 Public support. Subtract line 5 13,650,613 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total beginning in) 🟲 2,321,897 2,661,856 2,724,390 2,846,487 3,095,983 13,650,613 Amounts from line 4 Gross income from interest, dividends, payments received on 6,367 2,120 5,136 4,414 6,865 24,902 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include 10 gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 through 13,675,515 10 Gross receipts from related activities, etc (see instructions) 12 12 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) 13 ▶□ Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 99 820 % 15 Public support percentage for 2013 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2014. 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—2013. 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 - 2014. 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 - 2013. 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

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

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. 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

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

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

17

18

Part IV Supporting Organizations

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

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	За		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ 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.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
Ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
t	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
	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?	112		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

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

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

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493091005286

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

Political Campaign and Lobbying Activities

www.irs.gov/form990. If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization JEWISH COMMUNITY RELATIONS COUNCIL OF GREATER BOSTON INC Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes □ No Was a correction made? Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? ┌ Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

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

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

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	24,000	
c	Total lobbying expenditures (add lines 1a and 1b	o)	24,000	
d	Other exempt purpose expenditures		2,951,221	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	2,975,221	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	298,761	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	74,690	
h	Subtract line 1g from line 1a If zero or less, ento	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	er-0-	0	
j	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting			

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

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount	285,599	276,388	283,516	298,761	1,144,264
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,716,396
c	Total lobbying expenditures	352,083	419,208	129,784	24,000	925,075
_d	Grassroots nontaxable amount	71,400	69,097	70,879	74,690	286,066
e 	Grassroots ceiling amount (150% of line 2d, column (e))					429,099
f	Grassroots lobbying expenditures	327,983	393,708	105,784		827,475

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	ТОИ			
For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)	(b)
activ		Yes	No	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
Ь	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	, ,			<u> </u>	
Pa	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$	501(c)(5), c	or secti	on
	501(c)(6).			Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		F	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
С	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
P	art IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information	ıp lıst),	Part II	-A, lines	1 and
	Return Reference Explanation				

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493091005286

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

me of the orga i /ISH COMMUNITY	RELATIONS COUNCIL				Emp	loyer ident	ification num	ber
GREATER BOSTON	I INC				04-	2104347		
	nizations Maintaining Donor Addinization answered "Yes" to Form 990	, Part IV, line 6					·	
		(a) Dono	radv	ised funds	-	(b) Funds a	and other acc	ounts
	at end of year							
Aggregate val	lue of contributions to (during year)							
Aggregate val	lue of grants from (during year)							
Aggregate val	lue at end of year							
	nization inform all donors and donor advis organization's property, subject to the o				nor adv	sed	┌ Yes	☐ No
used only for	nization inform all grantees, donors, and d charitable purposes and not for the bene permissible private benefit?						┌ Yes	┌ No
t II Cons	ervation Easements. Complete if	the organization	n ar	nswered "Yes"	to Forn	n 990, Pai	rt IV, line 7.	
Preservat Protection Preservat	f conservation easements held by the org tion of land for public use (e g , recreation n of natural habitat tion of open space es 2a through 2d if the organization held a	or education)	Γ F	Preservation of a Preservation of a	certifie	d historic s	tructure	a
	the last day of the tax year					Γ	the End of tl	ne Year
Total number	of conservation easements				2a			
Total acreage	e restricted by conservation easements				2b			
Number of co	nservation easements on a certified histo	orıc structure ıncl	uded	ın (a)	2c			
	nservation easements included in (c) acceture listed in the National Register	quired after 8/17/	06, a	nd not on a	2d			
Number of co	nservation easements modified, transfer	red, released, ext	inguis	shed, or terminat	ed by th	ne organizat	tion during	
the tax year			_	·	·	_	_	
•								
	ates where property subject to conservat			•				
	anization have a written policy regarding of the conservation easements it holds?	the periodic moni	torın <u>c</u>	g, inspection, har	ndling of	violations,	, and Yes	┌ No
Staff and volu ►	unteer hours devoted to monitoring, inspe	ecting, and enforci	ng co	onservation ease	ments o	luring the y	ear	
A mount of ex ► \$	penses incurred in monitoring, inspecting	g, and enforcing c	onser	rvation easemen	ts durın	g the year		
	onservation easement reported on line 2(170(h)(4)(B)(ii)?	d) above satisfy t	he re	quirements of se	ction 1	70(h)(4)(B))(□)	┌ No
balance shee	describe how the organization reports co et, and include, if applicable, the text of th iion's accounting for conservation easeme	e footnote to the						
	nizations Maintaining Collection plete if the organization answered "Y				or Ot	her Simil	lar Assets.	
works of art, h	ration elected, as permitted under SFAS 1 historical treasures, or other similar asse ide, in Part XIII, the text of the footnote (ets held for public	exhib	oition, education	, or rese	arch in furt		
works of art, h	ration elected, as permitted under SFAS 1 historical treasures, or other similar asse ide the following amounts relating to thes	ets held for public						blic
(i) Revenue i	included in Form 990, Part VIII, line 1					► \$		
(ii) Assets in	icluded in Form 990, Part X							
If the organız	ration received or held works of art, histor bunts required to be reported under SFAS							
Revenue incli	uded in Form 990. Part VIII. line 1					F \$		
						· · ·		
following amo						cial gain, p ► \$ ► \$	rovide the	

Part	4 💵 Organizations Maintaining Co	<u>llections of Art</u> ,	<u>, His</u>	tori	cal T	<u>reasur</u>	es, or C	ther	<u>Simila</u>	<u>r Asse</u>	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ds, ch	neck	any of	the follo	wing that	are a	sıgnıfıcan	t use of	ıts	
а	Public exhibition		d	Γ	Loan	orexch	ange prog	rams				
b	☐ Scholarly research		e	Γ	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	ın hov	w the	v furth	er the or	ganızatıor	ı's exe	empt purp	ose in		
•	Part XIII	moonone una explai			,		gaa		pc pa.p			
5	During the year, did the organization solicit								lar	_	Yes	□ No
Dar	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the		•						s" to Fo			i MO
FGI	Part IV, line 9, or reported an an						answere	u it	5 10 10	1111 330	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	ford	ontribi	utions or	other ass	ets n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving	table		_					
										Amou	ınt	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21,	for e	scrow	orcusto	dıal accou	nt Iıal	bility?	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been pr	ovided in	Part X	(III			Γ
Pa	rt V Endowment Funds. Complete										-	
		(a)Current year) Prior			o years bacl)Four ye	ears back
1 a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains, and losses											
d	Grants or scholarships							1				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curi	ent year end balanc	e (lın	e 1g	, colum	nn (a)) he	eld as					
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment -											
С	Temporarily restricted endowment ►											
•	The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
За	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are hel	d and ad	mınıstere	d for t	:he			
	organization by										Yes	No
	(i) unrelated organizations							٠		3a(i)		
	(ii) related organizations									3a(ii)		
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the							•		3b		
	t VI Land, Buildings, and Equipme					n answ	ered 'Ves	to l	-orm 991	η Dart	TV lu	10
T C I	11a. See Form 990, Part X, line 1		.110 0	igai	nzatio	ii alisw	cica ic.	, (0 1	OIIII JJ	o, raic	1 V , III	ic
	Description of property					or other estment)	(b)Cost or basis (ot			mulated ciation	(d) B	ook value
	Land			\top								
b	Buildings										1	
	Leasehold improvements										1	
	Equipment										\top	
	0.44.5.4										1	
	I. Add lines 1a through 1e <i>(Column (d) must e</i>			ımn (B). line	10(c).)) -		0

Part VII Investments—Other Securities. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	omplete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		-
redetal medile taxes		-
		1
		1
		_
		-
		7
Total (Column (h) must aqual Form 000, Part V, col (R) loss 25.)		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	to the toyt of the feetness to	the erganization's financial statements that reports the

Par		wered 'Yes' to Form 990, Part IV, line		per Retur	n Complete if
1	_	er support per audited financial statements		1	3,102,848
2	A mounts included on line 1 bi	ut not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses)	on investments	2a		
ь	Donated services and use of f	7			
c	Recoveries of prior year grant	7			
d	Other (Describe in Part XIII)	7			
e	Add lines 2a through 2d .			2e	0
3	Subtract line 2e from line 1 .			3	3,102,848
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII))	4b	7	
С	Add lines 4a and 4b			4c	0
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	e 12)	5	3,102,848
Part	XII Reconciliation of E	xpenses per Audited Financial St	atements With Expens	es per Ret	urn. Complete
		nswered 'Yes' to Form 990, Part IV, lin		 	
1		r audited financial statements		1	2,975,221
2		ut not on Form 990, Part IX, line 25	1 1		
а		acılıtıes	. 2a	_	
b	Prior year adjustments		2b	_	
С			2c	_	
d	Other (Describe in Part XIII)		2d	_	
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1 .			3	2,975,221
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	. 4a	_	
b	Other (Describe in Part XIII))	4b		
C	Add lines 4a and 4b			4c	0
5		nd 4c. (This must equal Form 990, Part I, li	ne 18)	5	2,975,221
Part	XIII Supplemental In	formation			
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and			y additional
	Return Reference	Explanation			
PART	X, LINE 2	U S GAAP PRESCRIBES A RECOGNITI	ON THRESHOLD AND MEAS	UREMENT A	TTRIBUTE FOR
		FINANCIAL STATEMENT RECOGNITIO EXPECTED TO BE TAKEN IN A TAX RETTAX POSITION MUST BE MORE-LIKELY BY TAXING AUTHORITIES FOR THE YID DETERMINED THAT IT HAS NOT TAKE UNCERTAINTY REQUIRING RECOGNIT STATEMENTS	TURN FOR THOSE BENEFIT Y-THAN-NOT TO BE SUSTA EAR ENDED SEPTEMBER 30 N ANY TAX POSITIONS WH	S TO BE REC INED UPON , 2015, THE ICH WOULD	OGNIZED, A EXAMINATION COUNCIL HAS RESULT IN AN

Senedate S (1 orm 550) 2015			
Part XIII Supplemental Information	on (continued)		
Return Reference	Explanation		
l			
-			

Schedule D (Form 990) 2014

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OMB No 1545-0047

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" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization JEWISH COMMUNITY RELATIONS COUNCIL OF GREATER BOSTON INC

Employer identification number

04-2104347

Pa	art L. Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these iter			
	First-class or charter travel Housing allowance or residence for personal us			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
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	11:	,	
2	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?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part	: 111		
	▼ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation commit	:tee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing orgon or a related organization	anızatıon		
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	41	•	No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	40	:	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b)	No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b)	No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," descri	ihe		
	in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulat			
	section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported in 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	f W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
	(i)	180,454	0	0	7,579	4,534	192,567	0
(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2014

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2014

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SCHEDULE O (Form 990 or 990-EZ) Supple

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization JEWISH COMMUNITY RELATIONS COUNCIL	Employer identification number		
OF GREATER BOSTON INC	04-2104347		

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE RETURN IS REVIEWED WITH THE DIRECTOR OF FINANCE & ADMINISTRATION AND THE FINANCE COMMITTEE PRIOR TO APPROVAL AND SUBMISSION
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION ANNUALLY DISCLOSES ANY CONFLICT OF INTEREST AND REQUIRES APPROVAL PRIOR TO ACTIONS
FORM 990, PART VI, SECTION B, LINE 15	ALL COMPENSATION IS APPROVED BY THE BOARD COMPENSATION COMMITTEE ON AN ANNUAL BASIS WITH REASONABLE AND COMPARABLE COMPENSATION CONSIDERED
FORM 990, PART VI, SECTION C, LINE 19	UPON WRITTEN REQUEST AND ON STATE GOVERNMENT WEBSITES