990

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Port 990-T, line 38 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | X No No No |
|--|------------------|
| Same Doing business as Doing business as Doing business as Number and street (or P.0. box if mail is not delivered to street address) Room/Sulte Telephone number 126 HIGH STREET City or town, state or province, country, and ZIP or foreign postal code BOSTON MA O2110 Flame and address of principal officer:JONATHAN DUDLEY SAME AS C ABOVE H(a) Is this a group return for subordinates included? Yes H(b) Are all subordinates included? Yes H(b) Are all subordinates included? Yes H(b) Are all subordinates included? Yes H(b) Group exemption number Normalization: X Corporation Trust Association Other L Year of formation: 1944 M State of legal dominates Number of individuals employed in calendar year 2018 (Part VI, line 1a) Summary Total number of individuals employed in calendar year 2018 (Part VI, line 1a) A Number of individuals employed in calendar year 2018 (Part VI, line 2a) Foreign postal code Part VI Normation: 1944 M State of legal dominates Number of individuals employed in calendar year 2018 (Part VI, line 1a) A Number of individuals employed in calendar year 2018 (Part VI, line 1a) A Number of individuals employed in calendar year 2018 (Part VI, line 2a) A Number of individuals employed in calendar year 2018 (Part VI, line 2a) A Number of individuals employed in calendar year 2018 (Part VI, line 2a) A Number of individuals employed in calendar year 2018 (Part VI, line 2a) A Number of individuals employed in calendar year 2018 (Part VI, line 2a) A Number of individuals employed in calendar year 2018 (Part VI, line 2a) A Number of individuals employed in calendar year 2018 (Part VI, line 2a) A Number of individuals employed in calendar year 2018 (Part VI, line 2a) A Number of individuals employed in calendar year 2018 (Part VI, line 2a) A Number of individuals employed in calendar year 2018 (Part VI, line 2a) A Number of individuals employed in calendar year 2018 (Part VI, line 2a) A Number of indiv | X No No No |
| Number and street (or P.0. box if mail is not delivered to street address) 126 HIGH STREET 126 | X No No No |
| 126 HIGH STREET 3 FL 617-457-8662 | X No No No |
| City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02110 Amended Reprint R | X No No No |
| BÓSTON, MA 02110 | X No No No |
| F Name and address of principal officer: JONATHAN DUDLEY SAME AS C ABOVE H(b) Are all subordinates included? Yes | No ons) |
| SAME AS C ABOVE Tax-exempt status: | No ons) |
| Tax-exempt status: \$\begin{align*} \begin{align*} | ons) |
| Website: WWW.JCRCBOSTON.ORG | |
| Form of organization: X Corporation Trust Association Other L Year of formation: 1944 M State of legal dominical Summary | cile: MA |
| Part I Summary Summa | |
| Briefly describe the organization's mission or most significant activities: REPRESENTATIVE VOICE OF THE ORGANIZED JEWISH COMMUNITY IN THE GREATER BOSTON AREA. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 | |
| ORGANIZED JEWISH COMMUNITY IN THE GREATER BOSTON AREA. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) | |
| b Net unrelated business taxable income from 990-T, line 38 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 2,775,630 2,502, 9 Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,307 6, 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) 2,782,937 2,509, 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. | |
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| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. |
| of the state of th | |
| | 0. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. |
| Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) | 401 |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,725,655. 2,543, | |
| 19 Revenue less expenses. Subtract line 18 from line 12 57, 28233, | |
| Beginning of Current Year End of Year | |
| 20 Total assets (Part X, line 16) 1,176,360. 1,210, | |
| 21 Total liabilities (Part X, line 26) 186,809. 248, 22 Net assets or fund balances. Subtract line 21 from line 20 989,551. 962, | |
| 본교 22 Net assets or fund balances. Subtract line 21 from line 20 | 055. |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beli | of it io |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | ci, il is |
| tue, correct, and complete. Declaration of preparer (other than officer) is based on an information of which preparer has any knowledge. | |
| Sign Signature of officer Date | |
| Here JONATHAN DUDLEY, DIRECTOR OF FINANCE & ADMIN | |
| Type or print name and title | |
| Print/Type preparer's name Preparer's signature Date Check PTIN | |
| Paid ALISON JOHNSON, CPA ALISON JOHNSON, CPA 06/24/20 ff P015269 | 64 |
| Preparer Firm's name KEVIN P MARTIN & ASSOCIATES, P.C. Firm's EIN 04-30974 | |
| Use Only Firm's address 10 FORBES WEST | |
| BRAINTREE, MA 02184 Phone no. (781)380-35 | 20 |
| May the IRS discuss this return with the preparer shown above? (see instructions) | |

| Pa | Check if Schedule O contains a response or note to any line in this Part III | X |
|----|--|------------|
| 1 | Briefly describe the organization's mission: REPRESENTATIVE VOICE OF THE ORGANIZED JEWISH COMMUNITY IN THE | |
| | BOSTON AREA. | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | Yes X No |
| | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | res NO |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| • | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by | expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e | |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 2,057,863 • including grants of \$) (Revenue \$ |) |
| | IN PURSUIT OF ITS GOALS, THE COUNCIL PURSUES AN ACTION AGENDA | |
| | FORGING COLLABORATIVE PARTNERSHIPS WITHIN THE JEWISH COMMUNITY | • |
| | BETWEEN THE JEWISH COMMUNITY AND THE BROADER SOCIETY. TO THIS | |
| | COUNCIL EDUCATES, ASSISTS AND ENABLES THE JEWISH COMMUNITY TO | PURSUE |
| | SOCIAL JUSTICE. | E COINIGIT |
| | THE COUNCIL ADVOCATES ON ISSUES OF JEWISH COMMUNAL CONCERN. TH | |
| | BUILDS COALITIONS FOR EFFECTIVE ACTION AND OPPORTUNITIES FOR CINVOLVEMENT AND CONVENES THE COMMUNITY IN TIMES OF CRISIS, CEL | |
| | AND COMMEMORATION. | EDRATION |
| | AND COMMEMORATION. | |
| | THESE PURPOSES ARE ACCOMPLISHED THROUGH THE FOLLOWING PROGRAM | |
| | ACTIVITIES: | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |
| | / (Liperiose V) (Novinde V) | |
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| | | |
| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses ▶ 2,057,863. | |
| _ | | |

Part IV Checklist of Required Schedules

| | | | 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 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 | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 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 | | Х |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | Х |
| 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 | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | Х |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | 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 | | х |
| 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 | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| 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 | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| 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 | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| 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 | | Х |
| 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 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 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 | | Х |
| 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 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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 | | Х |

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Part IV Checklist of Required Schedules (continued)

| | | | Vaa | N. |
|------|---|------|-----|-----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | Х | |
| 24 a | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | Α_ | |
| 270 | 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 | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | 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 | 25a | | X |
| h | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | 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 | | х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions): | 28a | | Х |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | |
| ŭ | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | l |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | X |
| 22 | Schedule N, Part II | 32 | | |
| 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? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33 | | |
| | Part V, line 1 | 34 | | х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| 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? | | | .,, |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | X |
| 20 | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | 37 | | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | x | |
| Pai | Note. All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance | _ 55 | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | 177 | |
| | (gambling) winnings to prize winners? | 1c | X | |

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No |
|---------|---|------|-----|-------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | _ | | v |
| _ | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| h | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 0a | | |
| b | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | 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 | | Х |
| 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 file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| 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? | 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 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b 10 | 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 | | | |
| a b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders 11a | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| | Enter the amount of reserves on hand | 44 | | v |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 45 | | Х |
| | excess parachute payment(s) during the year? | 15 | | |
| 16 | If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| 10 | If "Yes," complete Form 4720, Schedule O. | 10 | | |
| | ii 100, complete i dilli 4120, concoule c. | Form | 990 | (2018 |

Page 6

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

| <u> </u> | | | | | | Δ |
|----------|---|-------------------------|-------------|-------|--------|---------|
| Sec | tion A. Governing Body and Management | | | | | |
| | | 1.1 | 33□ | | Yes | No |
| та | Enter the number of voting members of the governing body at the end of the tax year | 1a | | | | |
| | 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 0. | 41. | 33 | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | 33 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | | | | | v |
| _ | officer, director, trustee, or key employee? | | ├- | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | х |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | ├- | 6 | | Λ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | _ | | Х |
| | more members of the governing body? | | ├- | 7a | | Λ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | Х |
| _ | persons other than the governing body? | | | 7b | | Λ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | Х | |
| а | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | ├- | 8b | Λ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re | | | | | Х |
| 800 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | Λ |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal F | revenue Code.) | | | V | NIa |
| 100 | Did the exemination have lead shorters branches or effiliates? | | Γ. | 100 | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | | ···· ├ | 10a | | - 22 |
| D | If "Yes," did the organization have written policies and procedures governing the activities of such organization are provided by a procedure of the procedure | | | 10b | | |
| 110 | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 11a | Х | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing both | before filling the form | '' | ı ıa | 21 | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Х | |
| 12a b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | e to conflicts? | ⊢ | 12b | | Х |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " | | ···· | 120 | | -25 |
| · | | | . | 12c | Х | |
| 13 | | | ⊢ | 13 | X | |
| 14 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | | ···· — | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approx | | | 17 | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Х | |
| | Other officers or key employees of the organization | | | 15b | X | |
| _ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | ··· | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ement with a | | | | |
| | taxable entity during the year? | | - [- | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation | | ··· | | | |
| _ | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization | | | | | |
| | exempt status with respect to such arrangements? | | Γ- | 16b | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►MA | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a | nd 990-T (Section 501(| c)(3)s | only) | availa | able |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | • • • | | |
| | | n in Schedule O) | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co | | and f | inan | cial | |
| | 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 b | ooks and records | | | | |
| | JONATHAN DUDLEY - 617-457-8600 | | | | | |
| | 126 HIGH STREET BOSTON MA 02110 | | | | | |

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

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

| Section A. | Officers, Directors | , Trustees, k | (ey Emplo | yees, and Hig | hest Com | pensated Em | ployees |
|------------|---------------------|---------------|-----------|---------------|----------|-------------|---------|
| | | | | | | | |

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average | (do | | Pos | | 1 than | one | (D) Reportable | (E) Reportable | (F) Estimated |
|------------------------------|--|------------------|-----------------------|-----------|--------------|------------------------------|------|--|--|---|
| | hours per | box | , unle | ss pe | rson | is bot | h an | compensation | compensation | amount of |
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer 6 | Key employee | Highest compensated employee | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) SCOTT GILEFSKY | 5.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (2) MARK FRIEDMAN | 5.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (3) STACEY BLOOM | 5.00 | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (4) CHUCK KOPLIK | 5.00 | | | | | | | | | |
| ASSISTANT TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (5) ELISE BUSNY | 5.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (7) MARGIE ROSS DECTER | 5.00 | | | | | | | | | |
| ASSISTANT SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (8) SAMUEL GECHTER | 5.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (9) BEN PEARLMAN | 5.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (10) ADAM SUTTIN | 5.00 | | | | | | | | | |
| PAST PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (11) DEBBIE ISAACSON | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) ALEX GOLDSTEIN | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (13) FREDIE KAY | 5.00 | | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (14) HOWARD BRICK | 5.00 | | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (15) MEL SHUMAN | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (16) DARREN BLACK | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (17) AMIEL WEINSTOCK | 5.00 |] | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | <u> </u> | <u> </u> | | 0. | 0. | 0. |
| (18) SAMANTHA JOSEPH | 5.00 | | | | | | | _ | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 . Form 990 (2018) |

| Part VII Section A. Officers, Directors, 7 | (B) | hio) | ees | | | gne | 3 L (| | | | 1 | /E\ |
|--|---------------------------|-----------------------|-----------------------|---------------|--------------|------------------------------|----------|----------------------------|------------------------|-------|-----------|----------------------|
| (A) | Average | | | Pos | C) ition | 1 | | (D) Reportable | (E) | | | (F) imated |
| Name and title | hours per | | not c | heck ss pe | more | than | | | Reportable compensatio | | | ount of |
| | week | | | nd a d | | | | from | from related | | | other |
| | (list any | ctor | | | | | | the | organization | | | ensation |
| | hours for | r director | | | | ted | | organization | (W-2/1099-MIS | SC) | fro | m the |
| | related | stee o | rustee | | | su sa | | (W-2/1099-MISC) | | | | nization |
| | organizations below | al tru | onal t | | loyee | comp | | | | | | related |
| | line) | Individual trustee or | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orgar | nizations |
| (19) DAVID RONTAL | 5.00 | | _ | | Α | 1 | <u> </u> | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | 0. |
| (20) ANDREW ZELERMYER | 5.00 | | | | | | | _ | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | 0. |
| (21) BILL GABOVITCH | 5.00 | | | | | | | | | _ | | _ |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | 0. |
| (22) JILL GOLDENBERG | 5.00 | ١ | | | | | | | | _ | | • |
| DIRECTOR | F 00 | Х | | | | | | 0. | | 0. | | 0. |
| (23) JONATHAN KLEIN | 5.00 | ١,, | | | | | | | | ^ | | ^ |
| DIRECTOR | F 00 | Х | | | | | _ | 0. | | 0. | | 0. |
| (24) JOSEF BLUMENFELD | 5.00 | ₩. | | | | | | | | 0 | | 0 |
| DIRECTOR (25) LEAH ROBINS | 5.00 | X | | | | - | ┝ | 0. | | 0. | | 0. |
| DIRECTOR | 3.00 | X | | | | | | 0. | | 0. | | 0. |
| (26) NATHAN ROTHSTEIN | 5.00 | ^ | | | | \vdash | \vdash | 0. | | 0. | | · · |
| DIRECTOR | 3.00 | X | | | | | | 0. | | 0. | | 0. |
| (27) NICOLE GANN | 5.00 | 122 | | | | | ┢ | | | • | | <u> </u> |
| DIRECTOR | 3,00 | \mathbf{x} | | | | | | 0. | | 0. | | 0. |
| 1b Sub-total | | | | | | <u> </u> | — | 0. | | 0. | | 0. |
| c Total from continuation sheets to Pa | | | | | | | • | 533,103. | | 0. | 27 | ,913. |
| d Total (add lines 1b and 1c) | | | | | | | • | 533,103. | | 0. | | ,913. |
| 2 Total number of individuals (including b | | | | | | | | received more than \$100 | 0,000 of reportab | le | | |
| compensation from the organization | > | | | | | | | | | | | 3 |
| | | | | | | | | | | | | Yes No |
| 3 Did the organization list any former offi | icer, director, or tr | uste | e, ke | ey er | nplo | yee | , or | highest compensated e | mployee on | | | |
| line 1a? If "Yes," complete Schedule J | for such individual | | | | | | | | | | 3 | X |
| 4 For any individual listed on line 1a, is the | • | | | | | | | • | the organization | | | |
| and related organizations greater than | | | | | | | | | | | 4 | X |
| 5 Did any person listed on line 1a receive | | | | | - | | | - | | | | 37 |
| rendered to the organization? If "Yes," | complete Schedui | e J t | or s | uch , | pers | son | | | | | 5 | X |
| Section B. Independent Contractors | | | | | | | | | * | | | |
| Complete this table for your five highes the organization. Report compensation | | | | | | | | | | npens | sation fr | om |
| (A) | | Cai | criui | ng v | VILII | OI W | /14/11 | (B) | year. | | (C) | 1 |
| Name and busir | | N | INC | Ξ | | | | Description of s | services | C | Compen | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 2 Total number of independent contractor | | not li | mite | d to | | se li: 0 | ste | d above) who received n | nore than | | | |
| \$100,000 of compensation from the org | yanızadon ► TON A CON' | ודק | VIII2 | <u>ኣጥ</u> ገ | | - | SH | EETS | | | Form 0 | 90 (2018) |
| | | | | | | | | | | | | |

832008 12-31-18

Form **990** (2018)

| orm 990 OF GREATER BOSTON, INC. 04-2104347 | | | | | | | | | | |
|---|------------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|----------|--------------------|------------------|---------------|
| Part VII Section A. Officers, Directors, Tr | ustees, Key E | mpl | oyee | s, a | nd l | High | est | Compensated Employ | rees (continued) | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | | | | ition | 1 | | Reportable | Reportable | Estimated |
| | hours | (c | hecl | | | | ly) | compensation | compensation | amount of |
| | per | | | | | | Ė | from | from related | other |
| | week | ١ | | | | oyee | | the | organizations | compensation |
| | (list any | rector | | | | em plc | | organization | (W-2/1099-MISC) | from the |
| | hours for | or di | 98 | | | ated | | (W-2/1099-MISC) | | organization |
| | related | nstee | trust | | eg. | neus | | | | and related |
| | organizations below | lualtr | tional | | nploy | st con | L | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (28) STUART ROSSMAN | 5.00 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (29) CLAUDIA KREIMAN | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (30) CRAIG SLATER | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (31) FRANK LITWIN | 5.00 | | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (32) MIRIAM MAY | 5.00 | ↓ | | | | | | | | |
| DIRECTOR | <u> </u> | Х | | | | | | 0. | 0. | 0 . |
| (33) RONNIE FRIEDMAN | 5.00 | ٠,, | | | | | | | _ | 0 |
| DIRECTOR | 25 00 | Х | _ | | | | | 0. | 0. | 0 . |
| (34) JONATHAN DUDLEY | 35.00 | - | | . | | | | 70 041 | _ | 6 042 |
| DIR OF FIN & ADMIN | 35.00 | - | | Х | | | | 70,841. | 0. | 6,942. |
| (35) JEREMY BURTON EXECUTIVE DIRECTOR | 33.00 | 1 | | x | | | | 200,756. | 0. | 13 021 |
| (36) NAHMA NADICH | 35.00 | - | | ^ | | | | 200,730. | 0. | 13,921. |
| DEPUTY DIRECTOR | 33.00 | 1 | | | | X | | 145,859. | 0. | 6,506 |
| (37) TAMAR DAVIS GALPER | 35.00 | | | | | | | 143,033. | 0. | 0,300 |
| CHIEF DEVELOPMENT OFFICER | 33,00 | 1 | | | | x | | 115,647. | 0. | 544. |
| <u> </u> | | | | | | 1 | | 223/02/0 | | 311 |
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| | | <u> </u> | <u> </u> | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 533,103. | | 27,913 |
| iolai lo Fail VII, Section A, IIIle 10 | | | | | | | | J J J J , ± U J • | | 2,,,1 |

04-2104347 OF GREATER BOSTON, INC. Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Total revenue Related or Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above $\frac{1}{1}$ $\frac{2,502,995}{}$ g Noncash contributions included in lines 1a-1f: \$ 2,502,995 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 6,674. 6,674 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b

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 $6,\overline{674}$ Form **990** (2018)

,509,669.

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

| | 990 (2018) OF GREATER | UNITY RELATI BOSTON, INC. | ONS COUNCIL | 04-21 | L04347 Page 10 |
|-------|--|------------------------------|---------------------------|---------------------------------|---------------------------------------|
| | rt IX Statement of Functional Expens | | | (4) | |
| Secti | ion 501(c)(3) and 501(c)(4) organizations must com | plete all columns. All oth | ner organizations must co | omplete column (A). | |
| | Check if Schedule O contains a respon | nse or note to any line in | this Part IX | (C) | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| _ | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| Ū | 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 | 344,449. | 286,800. | 21,095. | 36,554. |
| 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 | 1,131,481. | 942,384. | 69,420. | 119,677. |
| 8 | Pension plan accruals and contributions (include | | - | | |
| | section 401(k) and 403(b) employer contributions) | 10,764. | 8,934. | 646. | 1,184. |
| 9 | Other employee benefits | 10,764. 131,710. | 8,934. 109,320. | 7,902. | 1,184. 14,488. 11,049. |
| 10 | Payroll taxes | 100,447. | 83,371. | 6,027. | 11,049. |
| 11 | Fees for services (non-employees): | | , | , , | , |
| | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 52,932. | | 52,932. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 233,354. | 202,322. | 17,763. | 13,269. |
| 12 | Advertising and promotion | 110 200 | 4.4.0.4.4 | CE | 600 |
| 13 | Office expenses | 110,300. | 44,044. | 65,573. | 683. |
| 14 | Information technology | | | | |
| 15 | Royalties | 100 011 | 111 | | |
| 16 | Occupancy | 139,014. | 116,800. | 7,840. | 14,374. |
| 17 | Travel | 207,480. | 192,517. | 13,982. | 981. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 01 0=1 | 0.1 0.5 | | |
| 19 | Conferences, conventions, and meetings | 21,371. | 21,371. | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | _ | | |
| 23 | Insurance | 7,629. | 7,439. | 67. | 123. |
| 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 0.) | | | | |
| а | MEALS | 33,445. | 31,472. | 696. | 1,277. |
| b | STAFF TRAINING | 6,374. | 1,628. | 4,746. | |
| С | EVENT SPONSORSHIPS | 5,024. | 5,024. | | |
| d | UBI TAXES PAID | 4,437. | 4,437. | | |
| е | All other expenses | 3,131. | | 3,131. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,543,342. | 2,057,863. | 271,820. | 213,659. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |

Form **990** (2018)

63071001

 $education al\ campaign\ and\ fundraising\ solicitation.$ Check here if following SOP 98-2 (ASC 958-720) Part X | Balance Sheet

| Part X | Balance Sheet | | | |
|--|---|---------------------------------|-----|---------------------------|
| | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | 004 606 | 1 | 1 001 000 |
| 2 | Savings and temporary cash investments | 824,606. | 2 | 1,001,393 |
| 3 | Pledges and grants receivable, net | 149,938. | 3 | 20,011 |
| 4 | Accounts receivable, net | 16,880. | 4 | |
| 5 | Loans and other receivables from current and former officers, directors, | | | |
| | trustees, key employees, and highest compensated employees. Complete | | | |
| | Part II of Schedule L | | 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 | | | |
| 2 | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| 7 | Notes and loans receivable, net | 153,969. | 7 | 153,969 |
| ž 8 | Inventories for sale or use | | 8 | |
| 9 | Prepaid expenses and deferred charges | 30,967. | 9 | 35,475 |
| 10a | Land, buildings, and equipment: cost or other | | | |
| | basis. Complete Part VI of Schedule D 10a | | | |
| b | | | 10c | |
| 11 | Investments - publicly traded securities | | 11 | |
| 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,176,360. | 16 | 1,210,848 |
| 17 | Accounts payable and accrued expenses | 59,566. | 17 | 124,633 |
| 18 | Grants payable | | 18 | |
| 19 | Deferred revenue | | 19 | |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| ຸ 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| | key employees, highest compensated employees, and disqualified persons. | | | |
| <u> </u> | Complete Part II of Schedule L | | 22 | |
| i 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | 127,243. | 24 | 124,160 |
| 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 D | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | 186,809. | 26 | 248,793 |
| | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and | | | |
| g (| complete lines 27 through 29, and lines 33 and 34. | | | |
| 27 | Unrestricted net assets | 439,613. | 27 | 450,044 |
| 28 | Temporarily restricted net assets | 549,938. | 28 | 512,011 |
| 29 | Permanently restricted net assets | | 29 | |
| Ē | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ | | | |
| 5 | 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 | |
| 27 28 29 30 31 32 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| ž ₃₃ | Total net assets or fund balances | 989,551. | 33 | 962,055 |
| 34 | Total liabilities and net assets/fund balances | 1,176,360. | 34 | 1,210,848 |

Form **990** (2018)

Form **990** (2018)

| Pa | rt XI Reconciliation of Net Assets | | | | |
|----|---|------------|------|------------|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,50 | 9,6 | <u>69.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,54 | <u>3,3</u> | <u>42.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 73. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 51. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 6,1 | 77. |
| 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 | 96 | 2,0 | 55. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

JEWISH COMMUNITY RELATIONS COUNCIL **Employer identification number** Name of the organization OF GREATER BOSTON, 04 - 2104347Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2018 OF GREATER BOSTON, INC. 04-21043 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.) |

| Sec | ction A. Public Support | , [| , | • | | | |
|------|--|-----------------------------|------------------------|----------------------------|--------------------|----------------------|-----------------|
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Gifts, grants, contributions, and | , , | , , | · | . , | , , | ., |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 3,095,983. | 2,703,269. | 2,535,435. | 2,775,630. | 2,502,995. | 13,613,312. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 3,095,983. | 2,703,269. | 2,535,435. | 2,775,630. | 2,502,995. | 13,613,312. |
| | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 24,520. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 13,588,792. |
| | ction B. Total Support | | • | • | | | , , |
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | 3,095,983. | 2,703,269. | 2,535,435. | 2,775,630. | 2,502,995. | 13,613,312. |
| | Gross income from interest, | | | | | | _ |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 6,865. | 6,873. | 6,346. | 7,307. | 6,674. | 34,065. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | 52,823. | | | | 52,823. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 13,700,200. |
| 12 | Gross receipts from related activities, | , etc. (see instruction | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | r the organization's | s first, second, third | I, fourth, or fifth ta | x year as a sectio | n 501(c)(3) | |
| | organization, check this box and stop | | | | | | > □_ |
| Sec | ction C. Computation of Publ | lic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2018 (| line 6, column (f) d | ivided by line 11, co | olumn (f)) | | 14 | 99.19 % |
| 15 | Public support percentage from 2017 | 7 Schedule A, Part | II, line 14 | | | 15 | 99.27 % |
| 16a | 33 1/3% support test - 2018. If the | organization did no | t check the box on | line 13, and line 1 | 4 is 33 1/3% or n | nore, check this bo | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ▶ X |
| b | 33 1/3% support test - 2017. If the | organization did no | t check a box on li | ne 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | lifies as a publicly s | supported organiza | tion | | | ▶□ |
| 17a | 10% -facts-and-circumstances tes | t - 2018. If the org | anization did not cl | neck a box on line | 13, 16a, or 16b, | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | cts-and-circumstan | ces" test, check th | is box and stop h e | ere. Explain in Pa | rt VI how the organ | ization |
| | meets the "facts-and-circumstances" | test. The organiza | tion qualifies as a p | oublicly supported | organization | | ▶□ |
| b | 10% -facts-and-circumstances tes | t - 2017. If the org | anization did not cl | neck a box on line | 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | he "facts-and-circu | mstances" test, ch | eck this box and s | stop here. Explair | n in Part VI how the | |
| | organization meets the "facts-and-circ | cumstances" test. | The organization q | ualifies as a public | ly supported orga | anization | ▶□ |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16a | , 16b, 17a, or 17b | , check this box a | and see instructions | s ▶□ |
| | | | | | Scho | dule A (Form 990 | or 990-E7\ 2018 |

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

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

| qualify under the tests listed Section A. Public Support | below, please com | plete Part II.) | | | | |
|--|---------------------|-----------------------|------------------------|---------------------|-----------------------|--------------------|
| | (a) 001.4 | /b) 0015 | (a) 0010 | (4) 0017 | (a) 0010 | (6) T-+-1 |
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | 3 | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | • | • | | |
| Calendar year (or fiscal year beginning in) > | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | ; | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | • | <u> </u> | 1 | I | | <u></u> |
| 14 First five years. If the Form 990 is for | or the organization | 's first, second, thi | rd, fourth, or fifth t | ax year as a secti | ion 501(c)(3) organiz | zation, |
| check this box and stop here Section C. Computation of Pub | | roontogo | | | | ▶└_ |
| <u> </u> | | | . (0) | | 11 | |
| Public support percentage for 2018 | | | | | | |
| 16 Public support percentage from 201 | | | | | 16 | |
| Section D. Computation of Inve | | | | | 11 | |
| 17 Investment income percentage for 2 | | | | | | |
| 18 Investment income percentage from | | | | | | 17 !1 |
| 19a 33 1/3% support tests - 2018. If th | - | | | | | 1 / IS not |
| more than 33 1/3%, check this box b 33 1/3% support tests - 2017. If th | e organization did | not check a box or | n line 14 or line 19 | a, and line 16 is m | nore than 33 1/3%, | |
| line 18 is not more than 33 1/3%, ch | | | | | | - |
| 20 Private foundation If the organization | on aid not chack a | nov on line 1/1 10 | ia oriun chackt | nie nav and egg ii | netri ictione | |

Schedule A (Form 990 or 990-EZ) 2018 OF GREA | Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
|-----|-----|----|
| | | |
| 1 | | |
| • | | |
| 2 | | |
| 3a | | |
| | | |
| 3b | | |
| 3с | | |
| 4a | | |
| | | |
| 4b | | |
| | | |
| 4c | | |
| | | |
| 5a | | |
| 5b | | |
| 5с | | |
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| 6 | | |
| | | |
| 7 | | |
| 8 | | |
| | | |
| 9a | | |
| 9b | | |
| 9c | | |
| | | |
| 10a | | |
| 10b | | |

| Pai | art IV Supporting Organizations (continued) | | | |
|-----|---|------------------------|------------|----------|
| | (continued) | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| | | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | b A family member of a person described in (a) above? | 11b | | |
| | c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | ection B. Type I Supporting Organizations | | <u> </u> | · |
| | 71 11 5 5 | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | 110 |
| • | 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 | | | | |
| | 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 | | |
| Sec | ection C. Type II Supporting Organizations | | | <u> </u> |
| | <u> </u> | | 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 | | |
| Sec | 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, (i) a written notice describing the type and amount of support provided during the prior ta | ıx | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 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 | | |
| Sec | ection E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see in | nstructions). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | b The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | c | ntity (see instruction | <u>s).</u> | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | 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 | | | | |
| | 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 | | | | |
| а | | | | |
| _ | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| b | 3 1 71 3 7 | | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard | 3h | 1 | ı |

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 5 5 Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a 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): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
|----------|--|-------------------------------|--|---|
| Secti | ion D - Distributions | | , | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exem | pt purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organization | ns | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which t | he organization is responsive | е | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | T | Т | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| а | From 2013 | | | |
| b | From 2014 | | | |
| С | From 2015 | | | |
| | From 2016 | | | |
| | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2018 distributable amount | | | |
| <u>i</u> | Carryover from 2013 not applied (see instructions) | | | |
| <u>j</u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from Section D, | | | |
| | line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2018 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| 6 | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| 7 | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |

Schedule A (Form 990 or 990-EZ) 2018

JEWISH COMMUNITY RELATIONS COUNCIL

Schedule A (Form 990 or 990-EZ) 2018 OF GREATER BOSTON, INC.

04-21043<u>47</u> Page 8

| Part IV, Section A, li line 1; Part IV, Secti | Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; ines 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, ion 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 5, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. | , |
|--|---|---|
| SCHEDULE A, PART | II, LINE 10, EXPLANATION FOR OTHER INCOME: | |
| DISCOUNT ON NOTE | PAYABLE | |
| 2015 AMOUNT: \$ | 52,823. | |
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SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2018

Open to Public Inspection

OMB No. 1545-0047

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.

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

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

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

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

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

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

| Tax |) (see separate instructions), then | | | | |
|-----|---|--------------------------------------|--------------------------|-------------------------------|---|
| • | Section 501(c)(4), (5), or (6) organiza | tions: Complete Part III. | | | |
| | | COMMUNITY RELATI | ONS COUNCIL | Emp | loyer identification number |
| | OF GREA | TER BOSTON, INC. | | | 04-2104347 |
| Pa | art I-A Complete if the org | ganization is exempt und | ler section 501(c) | or is a section 527 | organization. |
| | <u>'</u> | | | | |
| 1 | Provide a description of the organiz | zation's direct and indirect politic | al campaign activities | in Part IV. | |
| | Political campaign activity expendit | • | . • | | \$ |
| | Volunteer hours for political campai | | | | |
| | | 3 | | | |
| | | ganization is exempt und | | • • | |
| | Enter the amount of any excise tax | | | | |
| | Enter the amount of any excise tax | | | | |
| | If the organization incurred a section | | | | |
| 4a | a Was a correction made? | | | | Yes Mo |
| | If "Yes," describe in Part IV. | | | | / \/a\ |
| Pa | art I-C Complete if the org | ganization is exempt und | ler section 501(c) | , except section 501 | (c)(3). |
| 1 | Enter the amount directly expended | d by the filing organization for se | ction 527 exempt fund | tion activities | \$ |
| 2 | Enter the amount of the filing organ | ization's funds contributed to ot | her organizations for s | ection 527 | |
| | exempt function activities | | | | \$ |
| 3 | Total exempt function expenditures | s. Add lines 1 and 2. Enter here a | and on Form 1120-POL | -, | |
| | line 17b | | | > : | \$ |
| 4 | Did the filing organization file Form | 1120-POL for this year? | | | Yes No |
| 5 | Enter the names, addresses and er | nployer identification number (El | N) of all section 527 po | olitical organizations to whi | ch the filing organization |
| | made payments. For each organiza | tion listed, enter the amount pai | d from the filing organi | zation's funds. Also enter t | the amount of political |
| | contributions received that were pr | omptly and directly delivered to | a separate political org | ganization, such as a separ | ate segregated fund or a |
| | political action committee (PAC). If | additional space is needed, prov | vide information in Part | : IV. | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | | | | filing organization's | contributions received and |
| | | | | funds. If none, enter -0- | promptly and directly delivered to a separate |
| | | | | | political organization. |
| | | | | | If none, enter -0 |
| | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

| | H COMMUNITY RELATIONS COUNCI | | 104247 |
|--|--|--|------------------------------------|
| Schedule C (Form 990 or 990-EZ) 2018 OF GR | | | 104347 Page 2 |
| section 501(h)). | on is exempt under section 501(c)(3) and fil | ea Form 5/68 (e) | ection under |
| A Check if the filing organization belon expenses, and share of excess | gs to an affiliated group (and list in Part IV each affiliated as lobbying expenditures). sed box A and "limited control" provisions apply. | group member's name | e, address, EIN, |
| Limits on Lobi | oying Expenditures neans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influence pub | lic opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a le | gislative body (direct lobbying) | 16,000. | |
| c Total lobbying expenditures (add lines 1a and | d 1b) | 16,000. | |
| d Other exempt purpose expenditures | | 2,527,342. | |
| e Total exempt purpose expenditures (add line | s 1c and 1d) | 2,543,342. | |
| f Lobbying nontaxable amount. Enter the amo | unt from the following table in both columns. | 277,167. | |
| 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% o | f line 1f) | 69,292. | |
| h Subtract line 1g from line 1a. If zero or less, e | , | 0. | |
| <u>-</u> | nter -0- | 0. | |
| | er line 1h or line 1i, did the organization file Form 4720 | | |
| | | [| Yes No |

4-Year Averaging Period Under Section 501(h)

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

| | Lobbying Expen | ditures During 4-Yea | ar Averaging Period | | |
|---|-----------------|----------------------|---------------------|-----------------|---------------------|
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a Lobbying nontaxable amount | 278,935. | 283,083. | 286,736. | 277,167. | 1,125,921. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 1,688,882. |
| c Total lobbying expenditures | 34,800. | 24,000. | 35,058. | 16,000. | 109,858. |
| d Grassroots nontaxable amount | 69,734. | 70,771. | 71,684. | 69,292. | 281,481. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 422,222. |
| f Grassroots lobbying expenditures | | | | | 000 or 000 EZ\ 2019 |

Schedule C (Form 990 or 990-EZ) 2018

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

| OI C | ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description | (a) |) | (b | <u>) </u> |
|--|---|--|--|--------------|--|
| of the | lobbying activity. | Yes | No | Amo | ount |
| 1 | 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: | | | | |
| а | Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| С | Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| е | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| | Other activities? | | | | |
| | Total. Add lines 1c through 1i | | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | 5047 V | (F) | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | on 501(c)(| 5), or se | ection | |
| | | | | Yes | No |
| | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 1 | were substantially all (30% of more) dues received nondeductible by members: | | | | |
| 1 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered | e prior year on 501(c)(| 2 ? 3 (5), or se | | ne 3, i |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | e prior year on 501(c)("No," OF | 2 ? 3 (5), or se R (b) Par | | ne 3, i |
| 2 3 Par | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members | e prior year on 501(c)("No," OF | 2 ? 3 (5), or se R (b) Par | | ne 3, i |
| 2 3 Par | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | e prior year on 501(c)("No," OF | 2 ? 3 (5), or se R (b) Par | | ne 3, i |
| 2 3 Par 1 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | e prior year on 501(c)("No," OF | 2 3 (5), or se (b) Par | | ne 3, i |
| 2 3 Par 1 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year | e prior year on 501(c)("No," OF | 2 3 (5), or see (b) Par | | ne 3, i |
| 2 3 Par 1 2 a b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year | e prior year on 501(c)("No," OF | 2 3 (5), or set (b) Par 2 2 2 2 2 2 2 | | ne 3, i |
| 2 3 Par 1 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year | e prior year on 501(c)("No," OF | 2 3 (5), or set (b) Par 1 2a 2b 2c | | ne 3, i |
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| 2 3 Par 1 2 a b c 3 4 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | e prior year on 501(c)("No," OF | 2 3 (5), or see R (b) Par 2 2 2 2 3 3 4 | | ne 3, i |
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| 2 3 Par 1 2 a b c 3 4 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politice expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded sthe organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group) | e prior year on 501(c)("No," OF | 2 3 3 (5), or set (b) Par 2a 2b 2c 3 4 5 | t III-A, lir | ne 3, i |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JEWISH COMMUNITY RELATIONS COUNCIL OF GREATER BOSTON, INC.

Employer identification number 04 - 2104347

| Pai | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds | or Accounts. Complete if the |
|-----|--|--|---|
| | organization answered "Yes" on Form 990, Part IV, lin | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advis | ed funds |
| | are the organization's property, subject to the organization's | • | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor of | | |
| | impermissible private benefit? | | Yes No |
| Pai | | | |
| 1 | Purpose(s) of conservation easements held by the organizati | on (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or e | | orically important land area |
| | Protection of natural habitat | Preservation of a cert | ified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualit | fied conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | | | |
| С | Number of conservation easements on a certified historic str | | |
| d | Number of conservation easements included in (c) acquired | | |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, re | | |
| | year▶ | | |
| 4 | Number of states where property subject to conservation ea | sement is located > | |
| 5 | Does the organization have a written policy regarding the per | riodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements in | t holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conserva | tion easements during the year |
| | > \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| | and section 170(h)(4)(B)(ii)? | | Yes |
| 9 | In Part XIII, describe how the organization reports conservati | | |
| | include, if applicable, the text of the footnote to the organization | tion's financial statements that describes | the organization's accounting for |
| | conservation easements. | | |
| Pai | t III Organizations Maintaining Collections o | | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | SC 958), not to report in its revenue stater | nent and balance sheet works of art, |
| | historical treasures, or other similar assets held for public ext | nibition, education, or research in furthera | nce of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | bes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (AS | SC 958), to report in its revenue statement | and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, ea | ducation, or research in furtherance of pu | blic service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical tre | | |
| | the following amounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| h | Assets included in Form 990, Part X | | ▶ \$ |

832051 10-29-18

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

Schedule D (Form 990) 2018

| Pai | t III Organizations Maintaining C | ollections of A | rt, Hist | torical Tr | easures, | or Othe | er Simila | ar Asse | ts(continu | ued) |
|------|---|-----------------------|--------------|---------------|----------------|-----------------|--------------------|----------------|-------------------|-----------|
| 3 | Using the organization's acquisition, accession | on, and other record | ls, checl | any of the | following that | at are a si | gnificant | use of its | collection | items |
| | (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | ı 🔲 i | Loan or exc | hange progra | ams | | | | |
| b | Scholarly research | е | | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explai | n how th | ey further t | the organizati | ion's exer | mpt purpo | ose in Par | t XIII. | |
| 5 | During the year, did the organization solicit or | receive donations | of art, hi | storical trea | asures, or oth | er similar | assets | | | |
| | to be sold to raise funds rather than to be ma | intained as part of t | the orgai | nization's c | ollection? | | | | Yes | No_ |
| Pai | t IV Escrow and Custodial Arrang | gements. Comple | ete if the | organizatio | on answered | "Yes" on | Form 990 |), Part IV, | line 9, or | |
| | reported an amount on Form 990, Part | t X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermed | diary for | contributio | ns or other as | ssets not | included | | _ | |
| | on Form 990, Part X? | | | | | | | L | Yes | └── No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the fo | llowing t | able: | | | | | | |
| | | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| | Ending balance | | | | | | | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21, for 6 | escrow or c | ustodial acco | ount liabil | ity? | L | Yes | └─ No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Pai | t V Endowment Funds. Complete if | the organization an | | | | | | | | |
| | - | (a) Current year | (b) P | rior year | (c) Two yea | rs back | (d) Three y | ears back | (e) Four y | ears back |
| | Beginning of year balance | | | | | | | | | |
| | Contributions | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | ent year end baland | e (line 1 | g, column (| a)) held as: | | | | | |
| | Board designated or quasi-endowment | | _% | | | | | | | |
| | Permanent endowment | % | | | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shou | · · | | | | | | | | |
| 3а | Are there endowment funds not in the posses | ssion of the organiz | ation tha | it are held a | and administe | ered for th | ne organiz | zation | _ | |
| | by: | | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | | | |
| | (ii) related organizations | | | | | | | | | |
| | b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | | | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | wment 1 | funds. | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | | | , , , , , , | o | | l: 40 | | | |
| | Complete if the organization answered | 1 | | | 1 | | | -1 I | (-N.D. : | |
| | Description of property | 1 ' ' | | | | (c) Accumulated | | (d) Book value | | |
| | | basis (investr | nent) | Dasis | (other) | aep | preciation | | | |
| | Land | | | | | | | | | |
| | Buildings | | | | | | | -+ | | |
| | Leasehold improvements | | | | | | | | | |
| | Equipment | I | | | | | | | | |
| | Other | | V' | on (D) // | 100) | | | _ | | 0. |
| rota | . Add lines Taithrough 1e. (Column (d) must ed | uai rorm 990. Part | A. COIUN | יוו ושו. Ilne | IUC.) | | | | | U • |

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

| Part VII Investments - Other Securities. | BODION, INC | · • | 0 1 | ZIOISI Page |
|---|--------------------------|-------------------------|----------------------------|------------------------|
| | on Form 000 Bort IV | line 11h See Form 000 | Dort V line 12 | |
| Complete if the organization answered "Yes" (a) Description of security or category (including name of security) | (b) Book value | | | d-of-year market value |
| | (b) Book value | (b) Method of V | aldation. Cost of circ | or your market value |
| (1) Financial derivatives | | | | |
| (2) Closely-held equity interests (3) Other | | | | |
| | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) Tatal (Col. (h) must aqual Form 000, Part V, col. (P) line 12.) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | | |
| | Faure 000 David IV | line 11 e Cae Farm 000 | David V. lina 10 | |
| Complete if the organization answered "Yes" (a) Description of investment | (b) Book value | | | d-of-year market value |
| | (b) Dook value | (C) Method of V | aluation. Cost of end | 1-01-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. | | | | |
| Complete if the organization answered "Yes" | on Form 000 Dort IV | line 11d Cae Form 000 | Dort V line 15 | |
| | Description | ille 11d. See Form 990, | rait A, iiile 13. | (b) Book value |
| | 300011 211011 | | | (b) Book value |
| <u>(1)</u> <u>(2)</u> | | | | |
| | | | | |
| (3) | | | | |
| (4) | | | | |
| <u>(5)</u> | | | | |
| <u>(6)</u> | | | | |
| (7) (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15) | | | |
| Part X Other Liabilities. | : 15.) | | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV | line 11e or 11f See For | n 000 Part Y line 25 | |
| (a) Description of Bability | 5111 51111 990, 1 ait 10 | (b) Book value | 11 990, 1 art X, iii le 25 | • |
| (a) Description of liability (1) Federal income taxes | | (b) Book value | | |
| | | | | |
| (2) | | | | |
| | | | | |
| <u>(4)</u> | | | | |
| (5) | | | | |
| <u>(6)</u> | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) Tatal (Column (b) must equal Form 999, Part V, and (P) line | 25) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | ; ∠3.) ▶ | | | |

832053 10-29-18

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Pai | rt XI Reconciliation of Revenue per Audited Financial Sta | tements With F | Revenue per R | eturr | l. |
|-----|--|----------------|---------------|---------|---------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | e 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,515,846. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 6,177. | | |
| b | Donated services and use of facilities | 2b | | | |
| С | | | | | |
| d | Other (Describe in Part XIII.) | | | | |
| е | Add lines 2a through 2d | | | 2e | 6,177. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,509,669. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 2,509,669. |
| Pai | rt XII Reconciliation of Expenses per Audited Financial St | atements With | Expenses per | Retu | rn. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | e 12a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 2,543,342. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | • | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,543,342. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | | |
| | , , , , | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | • |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 | 3.) | | 5 | 2,543,342. |
| | rt XIII Supplemental Information. | | | | |
| | ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar | | | 4; Part | X, line 2; Part XI, |
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SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

JEWISH COMMUNITY RELATIONS COUNCIL

OF GREATER BOSTON, INC.

Employer identification number 04-2104347

OMB No. 1545-0047

Part I **Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, Х trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee X Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X **a** Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a $\overline{\mathbf{x}}$ **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2018

Regulations section 53.4958-6(c)?

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------|------|--|--------------------|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base (ii) Bonus & incentive compensation | incentive | (iii) Other reportable compensation | compensation | benefits | (B)(I)-(D) | reported as deferred on prior Form 990 |
| (1) JEREMY BURTON | (i) | 200,756. | 0. | 0. | 6,300. | 7,621. | 214,677. | 0. |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) NAHMA NADICH | (i) | 145,859. | 0. | 0. | 4,590. | 1,916. | 152,365. | 0. |
| DEPUTY DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | 1 | |

Schedule J (Form 990) 2018

| Schedule J (Form 990) 2018 OF GREATER BOSTON, INC. | 04-2104347 | Page 3 |
|---|---|---------------|
| Part III Supplemental Information | | Ĭ |
| 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 com | nplete this part for any additional informati | ion. |
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SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

JEWISH COMMUNITY RELATIONS COUNCIL OF GREATER BOSTON, INC.

Employer identification number 04 - 2104347

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SOCIAL JUSTICE THE COUNCIL WORKS TO ENGAGE MEMBERS OF BOSTON'S JEWISH COMMUNITY IN THE WORK OF SOCIAL JUSTICE THROUGH COMMUNITY SERVICE AND COMMUNITY ORGANIZING, IN PARTNERSHIP WITH OTHER FAITH COMMUNITIES AND A RANGE OF COMMUNITY BASED NONPROFITS. THE FOUR SOCIAL JUSTICE PROGRAM AREAS ARE: THE GREATER BOSTON JEWISH COALITION FOR LITERACY, WHICH MOBILIZES HUNDREDS OF VOLUNTEERS TO PROVIDE WEEKLY TUTORING TO ELEMENTARY SCHOOL CHILDREN IN UNDER RESOURCED URBAN ELEMENTARY SCHOOLS; TELEM, A TEEN SERVICE LEARNING PROGRAM WHICH ENGAGES OVER 900 MIDDLE AND HIGH SCHOOL STUDENTS IN ONGOING COMMUNITY SERVICE (CONNECTED WITH SPECIALLY PREPARED CURRICULA); REACHOUT!, ENGAGES YOUNG ADULTS IN SERVICE, FOSTERS THEIR LEADERSHIP AND BUILDS A COHESIVE COMMUNITY; SYNAGOGUE ORGANIZING, WHICH INVOLVES LEADERS FROM AREA SYNAGOGUES IN ORGANIZING AND ADVOCACY IN THE PUBLIC ARENA. THE COUNCIL COLLABORATES CLOSELY WITH THE GREATER BOSTON INTERFAITH ORGANIZATION IN GRASSROOTS COMMUNITY ORGANIZING.

THE COUNCIL ALSO PROVIDES HOLOCAUST PROGRAMMING AND EDUCATION, IN CONJUNCTION WITH THE NEW ENGLAND HOLOCAUST MEMORIAL.

ISRAEL ENGAGEMENT - JCRC IS COMMITTED TO ENGAGING WITH PEOPLE FROM DIVERSE BACKGROUNDS TO FOSTER CIVIL DIALOGUE AND BUILD SUPPORT FOR THE NATIONAL HOMELAND OF THE JEWISH PEOPLE. THE COUNCIL PURSUES THESE GOALS BY ENGAGING IN WORK SUCH AS COMMUNITY EDUCATION, CULTIVATING RELATIONSHIPS THROUGHOUT GREATER BOSTON, LEADING STUDY

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

Schedule O (Form 990 or 990-EZ) (2018)

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

Employer identification number 04-2104347

TOURS TO ISRAEL WITH COMMUNITY LEADERS AND SUPPORTING NATIONAL EFFORTS

THROUGH OUR PARTNERSHIPS WITH THE JEWISH COUNCIL FOR PUBLIC AFFAIRS.

STUDY TOUR PARTICIPANTS ARE STRATEGICALLY SELECTED INFLUENTIAL LEADERS,

INCLUDING CLERGY AND ELECTED OFFICIALS.

GOVERNMENT AFFAIRS - WORKING TOGETHER WITH THE MASSACHUSETTS

ASSOCIATION OF JEWISH FEDERATIONS (MAJF), THE COUNCIL BRINGS TOGETHER

BROAD COALITIONS OF JEWISH AGENCIES, ORGANIZATIONS AND INDIVIDUALS, TO

ADVOCATE FOR COMPASSIONATE PUBLIC POLICIES AND ADEQUATE FUNDING TO

ASSIST THOSE MOST IN NEED AND IMPROVE THE QUALITY OF LIFE FOR ALL.

THROUGH SUCCESSFUL COLLABORATIONS WITH A VARIETY OF ADVOCACY

ORGANIZATIONS IN THE BROADER COMMUNITY, THE COUNCIL MULTIPLIES ITS

IMPACT AND THE REACH OF ITS CONTACTS AND FOSTERS AND DEVELOPS

RELATIONSHIPS WITH GOVERNMENTAL OFFICIALS AT THE FEDERAL, STATE AND

LOCAL LEVELS IN ORDER TO ACHIEVE POLICY SUCCESSES IN THE BUDGETARY,

ADMINISTRATIVE AND LEGISLATIVE ARENAS.

FORM 990, PART VI, SECTION B, LINE 11B:

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.