

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA		D Employer identification number ** - *** 9486
	Doing business as		E Telephone number 212-532-4949
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 29,650,824.
	520 EIGHTH AVENUE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018		H(b) Are all subordinates included? Yes No
F Name and address of principal officer: DORON KRAKOW SAME AS C ABOVE			If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			H(c) Group exemption number ▶
J Website: ▶ WWW.JCCA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			L Year of formation: 1917 M State of legal domicile: NY

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: JCC ASSOCIATION LEADS AND CONNECTS THE JCC MOVEMENT, ADVANCING AND ENRICHING NORTH AMERICAN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	69
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	69
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	68
	6 Total number of volunteers (estimate if necessary)	6	85
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	9,013,664.	9,758,199.
	9 Program service revenue (Part VIII, line 2g)	3,669,000.	3,796,658.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	889,562.	1,522,788.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	864,999.	906,740.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,437,225.	15,984,385.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	318,910.	413,242.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,124,962.	8,138,184.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	84,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,067,749.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,156,533.	7,297,934.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,600,405.	15,933,360.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,163,180.	51,025.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	24,278,174.	25,807,593.
	21 Total liabilities (Part X, line 26)	8,344,308.	8,001,283.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,933,866.	17,806,310.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	ROBERT D. KIMSAL, SVP, CFO <i>Robert D Kimsal</i>	11/16/2020			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	MAGDALENA M. CZERNIAWSKI	MAGDALENA M. CZERNIA	11/12/20	<input type="checkbox"/>	P00535099
Firm's name ▶ MARKS PANETH LLP		Firm's EIN ▶ ** - *** 8842			
Firm's address ▶ 685 THIRD AVENUE NEW YORK, NY 10017		Phone no. 212-503-8800			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
JCC ASSOCIATION STRENGTHENS JEWISH LIFE IN NORTH AMERICA THROUGH
DIRECT SERVICE TO AFFILIATE JCCS, YM-YWHA'S AND CAMPS AND BY PROVIDING
LEADERSHIP AND GUIDANCE TO THE JCC MOVEMENT. IN ADDITION, WE SERVE
JEWISH PERSONNEL IN THE ARMED FORCES THROUGH THE JEWISH WELFARE BOARD.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 5,260,283. including grants of \$ 203,013.) (Revenue \$ 2,209,938.)
PROGRAM ENRICHMENT SERVICES - THIS PROGRAM PROVIDES DEVELOPING
SIGNATURE PROGRAMS FOR MEMBER JCCS AND PROVIDES CONSULTING ON THE
PROGRAMMING NEEDS OF THE JCCS.

4b (Code:) (Expenses \$ 3,043,052. including grants of \$ 118,829.) (Revenue \$ 1,954,957.)
JEWISH EDUCATION SERVICES - THIS PROGRAM DEVELOPS PROGRAMS FOR JCCS TO
OPERATE THAT HAVE SIGNIFICANT JEWISH CONTENT. IN ADDITION, SEMINARS IN
ISRAEL FOR PROFESSIONAL STAFF AND LAY LEADERS OF JCCS ARE PERFORMED
THROUGH THIS PROGRAM.

4c (Code:) (Expenses \$ 1,662,694. including grants of \$ 0.) (Revenue \$ 93,483.)
COMMUNITY CONSULTATION SERVICES - THIS PROGRAM PROVIDES CONSULTING
SERVICES TO JCCS IN THE AREA OF GENERAL MANAGEMENT, FINANCIAL
MANAGEMENT AND GOVERNANCE. IN ADDITION, THE MANDEL CENTER FOR
EXCELLENCE IN LEADERSHIP AND MANAGEMENT HAS BEEN INVOLVED IN DEVELOPING
OPERATIONAL BENCHMARKS FOR JCCS.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 1,336,551. including grants of \$ 91,400.) (Revenue \$ 98,971.)

4e Total program service expenses ► 11,302,580.

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	74
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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 2a 68		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b	X	
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 ► ISRAEL See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	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 7d		
e	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		X
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	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
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 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
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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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.	69	
b	Enter the number of voting members included on line 1a, above, who are independent	69	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ AL, CA, FL, GA, IL, KS, KY, MD, MA, MI, MN, NC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
ROBERT D. KIMSAL, CFO - 212-786-5141
520 8TH AVENUE, NEW YORK, NY 10018

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACOBS, GARY CHAIR	5.00 0.25	X		X				0.	0.	0.
(2) BIERMAN, KARA VICE-CHAIR	3.00 0.25	X		X				0.	0.	0.
(3) JACOBSON, HOWARD T. VICE-CHAIR	3.00	X		X				0.	0.	0.
(4) GILDENHORN, MICHAEL VICE-CHAIR (OUTGOING)	3.00	X		X				0.	0.	0.
(5) MATROS, ADRIENNE VICE-CHAIR	3.00 0.25	X		X				0.	0.	0.
(6) NISLOW, ERIC M. VICE-CHAIR	3.00	X		X				0.	0.	0.
(7) ROSENBERG, AMY VICE-CHAIR (OUTGOING)	3.00	X		X				0.	0.	0.
(8) TABACHNICK, PHYLLIS VICE-CHAIR	3.00	X		X				0.	0.	0.
(9) GOTTDENKER, LISIE SECRETARY	3.00	X		X				0.	0.	0.
(10) EISENBERG, ANDY ASSOCIATE-SECRETARY	3.00	X		X				0.	0.	0.
(11) WAX, DAVID ASSOCIATE-SECRETARY	3.00	X		X				0.	0.	0.
(12) AINSMAN, DAVID DIRECTOR	2.00 0.25	X						0.	0.	0.
(13) BERKUN, ALVIN DIRECTOR	2.00	X						0.	0.	0.
(14) BLANK, HARRIET I. DIRECTOR	2.00 0.25	X						0.	0.	0.
(15) BODNER, ZACK DIRECTOR	2.00 0.25	X						0.	0.	0.
(16) BRILL, LISA DIRECTOR	2.00	X						0.	0.	0.
(17) BRODSKY, DONALD DIRECTOR	3.00	X						0.	0.	0.

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DINKIN, JOEL DIRECTOR	2.00 0.25	X						0.	0.	0.
(19) ENGEL, STEVE DIRECTOR	2.00	X						0.	0.	0.
(20) FEINSTEIN, MICHAEL DIRECTOR	2.00	X						0.	0.	0.
(21) FLETCHER, RUTH DIRECTOR	2.00	X						0.	0.	0.
(22) FOGEL, CAROL DIRECTOR	2.00	X						0.	0.	0.
(23) FRANKOFF, RICHARD DIRECTOR	2.00 0.25	X						0.	0.	0.
(24) GILLIS, PAUL DIRECTOR	2.00	X						0.	0.	0.
(25) GOLDSTEIN, JOYCE DIRECTOR	2.00 0.25	X						0.	0.	0.
(26) GOLDSTEIN, LORNE DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								3,145,869.	0.	385,151.
d Total (add lines 1b and 1c)								3,145,869.	0.	385,151.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 21

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
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Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GOTTESMAN, ARCHIE DIRECTOR	2.00 0.25	X						0.	0.	0.
(28) GRAY, LAEL DIRECTOR	2.00	X						0.	0.	0.
(29) HARLEV, IVY DIRECTOR	2.00	X						0.	0.	0.
(30) HERMANN, BARAK DIRECTOR	2.00	X						0.	0.	0.
(31) HOCHWERT, STUART DIRECTOR (OUTGOING)	2.00	X						0.	0.	0.
(32) HOLLANDER, DANA DIRECTOR	2.00 0.25	X						0.	0.	0.
(33) KAPLAN, EDWARD H. DIRECTOR	2.00	X						0.	0.	0.
(34) KAUFMAN, ANN DIRECTOR	2.00	X						0.	0.	0.
(35) KAUFMAN, STEPHEN DIRECTOR	2.00	X						0.	0.	0.
(36) KOPPELL, BONNIE J. DIRECTOR	2.00	X						0.	0.	0.
(37) KRONENBERG, IRA DIRECTOR	2.00	X						0.	0.	0.
(38) LANGENTHAL, JOSH DIRECTOR	2.00	X						0.	0.	0.
(39) LEIBOW, RON DIRECTOR	2.00	X						0.	0.	0.
(40) LIBERMAN, JAY DIRECTOR	2.00	X						0.	0.	0.
(41) LIEBERMAN, JUDITH DIRECTOR	2.00	X						0.	0.	0.
(42) LYNCH, BETZY DIRECTOR	2.00	X						0.	0.	0.
(43) MAGID, LAWRENCE DIRECTOR	2.00 0.25	X						0.	0.	0.
(44) MAKOWSKY, JEROME DIRECTOR	2.00	X						0.	0.	0.
(45) MANDEL, MORT DIRECTOR (DECEASED)	2.00	X						0.	0.	0.
(46) MANDEL, THOM DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MERKLIN, MARC DIRECTOR	2.00	X						0.	0.	0.
(48) NELSON, RICHARD DIRECTOR	2.00	X						0.	0.	0.
(49) PELTZ, DAVID DIRECTOR	2.00	X						0.	0.	0.
(50) POLLACK, GERI DIRECTOR	2.00	X						0.	0.	0.
(51) RAMER, MARK DIRECTOR (DECEASED)	2.00	X						0.	0.	0.
(52) RAYNOR, STUART DIRECTOR	2.00 0.25	X						0.	0.	0.
(53) REINER, STEPHEN DIRECTOR	2.00	X						0.	0.	0.
(54) ROGERS, STEVE DIRECTOR	2.00 0.25	X						0.	0.	0.
(55) ROSE, DANIEL DIRECTOR	2.00	X						0.	0.	0.
(56) RUBIN, JANE TZINBERG DIRECTOR	3.00	X						0.	0.	0.
(57) RUSSIN, LINDA DIRECTOR	2.00 0.25	X						0.	0.	0.
(58) SADOFF, ALICIA DIRECTOR	2.00	X						0.	0.	0.
(59) SAXON, ANNETTE DIRECTOR	2.00	X						0.	0.	0.
(60) SCHATTEN, PHIL DIRECTOR	2.00	X						0.	0.	0.
(61) SCHREIBER, BRIAN DIRECTOR (OUTGOING)	2.00	X						0.	0.	0.
(62) SCHREIBER, EDWARD DIRECTOR	2.00	X						0.	0.	0.
(63) SEIDEN, STEPHEN P. DIRECTOR	3.00	X						0.	0.	0.
(64) SHAPIRO, MARK DIRECTOR	2.00	X						0.	0.	0.
(65) SIDMAN, PAULA DIRECTOR	2.00	X						0.	0.	0.
(66) SOLOMON, SHIRLEY DIRECTOR	2.00 0.25	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) SOLOW, ALAN P. DIRECTOR	2.00	X						0.	0.	0.
(68) STEINBERG, KEN DIRECTOR	2.00	X						0.	0.	0.
(69) STRAIT, SUSAN DIRECTOR	2.00	X						0.	0.	0.
(70) SWARTZ, JOAN DIRECTOR	2.00	X						0.	0.	0.
(71) TRACHTENBERG, FRANCINE Z. DIRECTOR	2.00	X						0.	0.	0.
(72) TUCKER, SUZANNE DIRECTOR	2.00	X						0.	0.	0.
(73) TUVLIN, JEFF DIRECTOR (OUTGOING)	2.00	X						0.	0.	0.
(74) WEISS, CRAIG DIRECTOR	2.00	X						0.	0.	0.
(75) WITTELS, LYNN DIRECTOR	2.00	X						0.	0.	0.
(76) WOODMAN, WAYNE DIRECTOR (OUTGOING)	2.00	X						0.	0.	0.
(77) ZACHS, ERIC DIRECTOR	2.00	X						0.	0.	0.
(78) ACKERMAN, DAVID SVP & DIRECTOR OF MCJE	35.00			X				202,549.	0.	19,238.
(79) ELAM, JANET SVP, COMM. CONSULT., EXEC.	35.00			X				233,420.	0.	34,136.
(80) GELSEY, SUSAN CHIEF PROGRAM OFFICER	35.00			X				133,205.	0.	750.
(81) GOLDBERG, ALAN SVP, OPERATIONS (OUTGOING)	35.00			X				112,569.	0.	18,601.
(82) HARMON, JOANNE VP, MARKETING & COMM.	35.00			X				175,085.	0.	19,742.
(83) HOROWITZ, MARK VP, DIRECTOR OF SHEVA CENT	35.00			X				195,078.	0.	21,062.
(84) KIMSAL, ROBERT SVP, CFO	35.00			X				210,416.	0.	43,706.
(85) KRAKOW, DORON PRESIDENT AND CEO	35.00 0.25			X				517,288.	0.	40,829.
(86) MAMLET, JENNIFER CHIEF DEVELOPMENT OFFICER	35.00			X				282,883.	0.	33,967.
Total to Part VII, Section A, line 1c										

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 683,785.					
	b Membership dues	1b 5,761,501.					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 3,312,913.					
	g Noncash contributions included in lines 1a-1f	1g \$ 42,345.					
	h Total. Add lines 1a-1f		9,758,199.				
	Program Service Revenue	2 a PROGRAM & SEMINAR FEES	Business Code 900099	3,796,658.	3,796,658.		
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			3,796,658.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		493,539.			493,539.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	346,049.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	346,049.				
	d Net rental income or (loss)		346,049.			346,049.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	14,695,688.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	13,666,439.				
	c Gain or (loss)	7c	1,029,249.				
d Net gain or (loss)		1,029,249.			1,029,249.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a VENDOR AND SPONSORSHIP INCOME	Business Code 900099	515,257.	515,257.			
	b OTHER INCOME	900099	45,434.	45,434.			
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		560,691.				
12 Total revenue. See instructions		15,984,385.	4,357,349.	0.	1,868,837.		

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	326,142.	326,142.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	80,500.	80,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,600.	6,600.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,552,272.	1,631,455.	455,048.	465,769.
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	3,968,635.	3,108,497.	600,346.	259,792.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	625,396.	466,080.	92,412.	66,904.
9 Other employee benefits	552,100.	451,333.	89,945.	10,822.
10 Payroll taxes	439,781.	323,909.	70,525.	45,347.
11 Fees for services (nonemployees):				
a Management				
b Legal	10,903.	7,567.	2,104.	1,232.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	84,000.			84,000.
f Investment management fees	57,109.		57,109.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,042,408.	782,263.	216,846.	43,299.
12 Advertising and promotion	14,159.	14,159.		
13 Office expenses	351,908.	276,062.	53,098.	22,748.
14 Information technology	172,923.	74,349.	95,481.	3,093.
15 Royalties				
16 Occupancy	1,101,430.	81,390.	1,012,519.	7,521.
17 Travel	649,025.	544,952.	82,403.	21,670.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	3,015,470.	2,959,477.	40,835.	15,158.
20 Interest	43,170.	7,611.	33,884.	1,675.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	108,216.	69,443.	31,789.	6,984.
23 Insurance	98,791.	62,362.	29,867.	6,562.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	443,390.		443,390.	
b MISCELLANEOUS	132,317.	23,333.	103,847.	5,137.
c MEMBERSHIP DUES	56,715.	5,096.	51,583.	36.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	15,933,360.	11,302,580.	3,563,031.	1,067,749.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
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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
Assets	1 Cash - non-interest-bearing	85,400.	1	55,850.
	2 Savings and temporary cash investments	1,670,181.	2	2,238,115.
	3 Pledges and grants receivable, net	1,794,530.	3	1,705,767.
	4 Accounts receivable, net	964,728.	4	792,468.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	20,000.	8	20,000.
	9 Prepaid expenses and deferred charges	247,313.	9	474,739.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,422,791.		
	b Less: accumulated depreciation	10b 2,670,100.	733,823.	10c 752,691.
	11 Investments - publicly traded securities	17,538,028.	11	18,478,131.
	12 Investments - other securities. See Part IV, line 11	941,052.	12	981,553.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	283,119.	15	308,279.
16 Total assets. Add lines 1 through 15 (must equal line 33)	24,278,174.	16	25,807,593.	
Liabilities	17 Accounts payable and accrued expenses	1,306,598.	17	1,102,564.
	18 Grants payable		18	
	19 Deferred revenue	538,653.	19	450,360.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	6,499,057.	25	6,448,359.
	26 Total liabilities. Add lines 17 through 25	8,344,308.	26	8,001,283.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-6,971,846.	27	-7,816,026.
	28 Net assets with donor restrictions	22,905,712.	28	25,622,336.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	15,933,866.	32	17,806,310.
	33 Total liabilities and net assets/fund balances	24,278,174.	33	25,807,593.

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**JEWISH COMMUNITY CENTERS ASSOCIATION OF
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Part 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	15,984,385.
2 Total expenses (must equal Part IX, column (A), line 25)	2	15,933,360.
3 Revenue less expenses. Subtract line 2 from line 1	3	51,025.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,933,866.
5 Net unrealized gains (losses) on investments	5	1,813,009.
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 on Schedule O)	9	8,410.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,806,310.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on 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

2019

Open to Public Inspection

Name of the organization **JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA** Employer identification number **13-5599486**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

JEWISH COMMUNITY CENTERS ASSOCIATION OF

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10144942.	9132311.	11015672.	9013664.	9758199.	49064788.
2 Tax revenues levied for the organization'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	10144942.	9132311.	11015672.	9013664.	9758199.	49064788.
5 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)						1380157.
6 Public support. Subtract line 5 from line 4.						47684631.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	10144942.	9132311.	11015672.	9013664.	9758199.	49064788.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	303,810.	317,479.	644,972.	716,121.	839,588.	2821970.
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.)	7,269.	121,619.	539,144.	569,158.	560,691.	1797881.
11 Total support. Add lines 7 through 10						53684639.
12 Gross receipts from related activities, etc. (see instructions)					12	16,927,821.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	88.82 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	91.08 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

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

JEWISH COMMUNITY CENTERS ASSOCIATION OF

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

JEWISH COMMUNITY CENTERS ASSOCIATION OF

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

JEWISH COMMUNITY CENTERS ASSOCIATION OF

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2015 AMOUNT: \$ 7,269.

2016 AMOUNT: \$ 121,619.

2017 AMOUNT: \$ 539,144.

2018 AMOUNT: \$ 569,158.

2019 AMOUNT: \$ 45,434.

VENDOR AND SPONSORSHIP INCOME

2019 AMOUNT: \$ 515,257.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA

Employer identification number

13-5599486

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA	Employer identification number 13-5599486
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>680,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>242,314.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>276,248.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA	Employer identification number 13-5599486
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA	Employer identification number 13-5599486
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

2019

Open to Public Inspection

Name of the organization JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA Employer identification number 13-5599486

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-8. Monitoring and enforcement details (states, policy, hours, expenses, requirements). 9. Accounting for conservation easements.

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

Form with sections 1a-1b and 2. 1a: Text of footnote for public exhibition. 1b: Amounts for art collections (revenue/assets). 2: Amounts for art collections for financial gain (revenue/assets).

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Schedule D (Form 990) 2019

13-5599486 Page **3**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION BENEFIT	4,245,798.
(3) ACCRUED NON-PENSION POSTRETIREMENT	
(4) BENEFITS	1,013,576.
(5) ACCRUED SUPPLEMENTAL PENSION AND	
(6) RETIREMENT BENEFITS	258,330.
(7) DEFERRED RENT	930,655.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,448,359.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

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

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

1 Total revenue, gains, and other support per audited financial statements		1	17,740,285.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	1,813,009.	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	2e	1,813,009.	
3 Subtract line 2e from line 1		3	15,927,276.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	57,109.	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c	57,109.	
5 Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	15,984,385.

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

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

1 Total expenses and losses per audited financial statements		1	15,876,251.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	2e	0.	
3 Subtract line 2e from line 1		3	15,876,251.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	57,109.	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c	57,109.	
5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	15,933,360.

Part XIII Supplemental Information.

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

PART V, LINE 4:

INCOME FROM THE ORGANIZATION'S ENDOWMENT FUNDS IS USED FOR GENERAL AND PROGRAM SUPPORT.

PART X, LINE 2:

THE ASSOCIATION BELIEVES IT HAD NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2019 AND 2018 IN ACCORDANCE WITH ASC TOPIC 740, "INCOME TAXES", WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization
**JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Employer identification number
13-5599486

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA	1	17	INITIATES, PLANS AND OPERATES A VARIETY OF PROGRAMS.	TRIPS TO ISRAEL, PRIMARILY FOR STAFF AND BOARD SEMINARS, AS WELL AS TRIPS FOR TEENS,	2,357,189.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		981,553.
3 a Subtotal	1	17			3,338,742.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	17			3,338,742.

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

Schedule F (Form 990) 2019

SEE PART V FOR COLUMN (E) DESCRIPTIONS

JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

ALL SUCH GRANTS ARE MONITORED BY REQUIRING SUBMISSION OF PROPOSED BUDGETS WHEN APPLYING FOR GRANTS, AND PROVIDING EVALUATIONS AND ACTUAL EXPENDITURES AT THE COMPLETION OF THE PROGRAM, OR IN THE CASE OF SCHOLARSHIPS PROOF OF ENROLLMENT IN A SPECIFIC DEGREE PROGRAM.

PART I, LINE 3, COLUMN (E):

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRIPS TO ISRAEL, PRIMARILY FOR STAFF AND BOARD SEMINARS, AS WELL AS TRIPS FOR TEENS, COLLEGE STUDENTS AND MEMBERS.

PART II, COLUMN (D):

REGION: CANADA

(D) PURPOSE OF GRANT: GRANT USED FOR STRENGTHENING ISRAEL ENGAGEMENT IN THE COMMUNITY AND FOR A CONFERENCE ATTENDANCE.

JEWISH COMMUNITY CENTERS ASSOCIATION OF

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

JEWISH COMMUNITY CENTERS ASSOCIATION OF

Schedule G (Form 990 or 990-EZ) 2019 NORTH AMERICA

13-5599486 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: NEAL P. MYERBERG

(I) ADDRESS OF FUNDRAISER: 179 SHORE ROAD, OLD GREENWICH, CT 06870

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

**Employer identification number
13-5599486**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADDISON PENZAK JEWISH COMMUNITY CENTER - 14855 OKA ROAD, SUITE 201 - LOS GATOS, CA 95032	94-2222989	501(C)(3)	10,000.	0.			GRANT USED FOR STRENGTHENING ISRAEL ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND
DURHAM-CHAPEL HILL JEWISH FEDERATION - 1937 W. CORNWALLIS RD - DURHAM, NC 27705	58-1384316	501(C)(3)	5,000.	0.			GRANT USED FOR STRENGTHENING ISRAEL ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND
EVELYN RUBENSTEIN JEWISH COMMUNITY CENTER OF HOUSTON - 5601 S. BRAESWOOD BLVD - HOUSTON, TX 77096	74-1198298	501(C)(3)	10,000.	0.			GRANT USED FOR STRENGTHENING ISRAEL ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND
FRESH AIR SOCIETY 6735 TELEGRAPH RD STE 380 BLOOMFIELD HILLS, MI 48301	38-1360545	501(C)(3)	12,500.	0.			GRANT USED FOR STRENGTHENING ISRAEL ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND
JEWISH COMMUNITY CENTER ASSOCIATION OF INDIANAPOLIS INC - 6701 HOOVER ROAD - INDIANAPOLIS, IN 46260	23-7099138	501(C)(3)	15,000.	0.			GRANT USED FOR STRENGTHENING ISRAEL ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND
JEWISH COMMUNITY CENTER OF DALLAS 7900 NORTHAVEN RD DALLAS, TX 75230	75-1461847	501(C)(3)	5,500.	0.			GRANTS USED FOR SWIM PROGRAMS FOR UNDERSERVED POPULATIONS AND DISADVANTAGED CHILDREN

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **14.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2019)

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Schedule I (Form 990)

13-5599486

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY CENTER OF METROPOLITAN DETROIT - 6600 W. MAPLE ROAD - WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	38,851.	0.			GRANTS USED FOR MANAGEMENT OF JCC MACCABI GAMES.
JEWISH COMMUNITY CENTER OF ST. LOUIS - 2 MILLSTONE CAMPUS DR. - ST LOUIS, MO 63146	43-0681477	501(C)(3)	10,000.	0.			GRANT USED FOR STRENGTHENING ISRAELI ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND
JEWISH COMMUNITY CENTERS OF CHICAGO - 300 REVERE DRIVE - NORTHBROOK, IL 60062	36-2167758	501(C)(3)	20,000.	0.			GRANTS USED FOR SWIM PROGRAMS FOR UNDERSERVED POPOULATIONS AND DISADVANTAGED CHILDREN, J
KINGSBAY YM-YWHA INC 3495 NOSTRAND AVE BROOKLYN, NY 11229	11-3068515	501(C)(3)	15,000.	0.			GRANT USED FOR STRENGTHENING ISRAELI ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND
LAWRENCE FAMILY JEWISH COMMUNITY CENTERS OF SAN DIEGO COUNTY - 4126 EXECUTIVE DRIVE - LA JOLLA , CA 92037	95-1985444	501(C)(3)	11,000.	0.			GRANT USED FOR STRENGTHENING ISRAELI ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND
MACCABI WORLD UNION INC 520 EIGHTH AVENUE, 4TH FLOOR NEW YORK , NY 10018	26-4296212	501(C)(3)	48,233.	0.			GRANTS USED FOR JOINT PROGRAM FOR COSTS OF PROVIDING ISRAELI EMISSARY TO JEWISH
MARCUS JEWISH COMMUNITY CENTER OF ATLANTA INC - 5342 TILLY MILL RD - DUNWOODY, GA 30338	58-0566126	501(C)(3)	37,349.	0.			GRANTS USED FOR MANAGEMENT OF JCC MACCABI GAMES, CONFERENCE ATTENDANCE, AND FOR J
MITTLEMAN JEWISH COMMUNITY CENTER 6651 SW CAPITOL HWY PORTLAND, OR 97219	93-0386850	501(C)(3)	5,500.	0.			GRANTS USED FOR SWIM PROGRAMS FOR UNDERSERVED POPOULATIONS AND DISADVANTAGED CHILDREN

Schedule I (Form 990)

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP	20	80,500.	0.		

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

PART I, LINE 2:

JCCA MONITORS ALL GRANTS BY REVIEWING REGULAR PROGRAMATIC AND FINANCIAL REPORTS AND BY PERFORMING SITE VISITS IF NECESSARY. SCHOLARSHIPS ARE MONITORED TO ENSURE COMPLIANCE WITH THE TERMS OF THE SCHOLARSHIP AGREEMENT, WHICH IS A SET COMMITMENT TO WORK AT A JCC POST COMPLETION OF THE SPONSORED TRAINING/CLASSES (MAXIMUM OF 2 YEARS). OUR PROFESSIONAL DEVELOPMENT STAFF ARE IN CONTACT WITH PAST SCHOLARSHIP RECIPIENTS TO MONITOR THEIR PROFESSIONAL GROWTH AND ADVANCEMENT, BUT ALSO WITH JCC EXECUTIVE DIRECTORS AND HUMAN RESOURCE PERSONNEL REGARDING THE CONTINUED EMPLOYMENT OF THESE

Part IV Supplemental Information

INDIVIDUALS. IF THERE IS A BREAK IN SERVICE BEFORE EMPLOYMENT COMMITMENTS ARE MET, WE WILL INITIATE THE PROCESS OF COLLECTING WHATEVER PORTION OF THE SCHOLARSHIP HAS BEEN FORFEITED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ADDISON PENZAK JEWISH COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT USED FOR STRENGTHENING ISRAEL ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND INNOVATIVE WAY.

NAME OF ORGANIZATION OR GOVERNMENT: DURHAM-CHAPEL HILL JEWISH FEDERATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT USED FOR STRENGTHENING ISRAEL ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND INNOVATIVE WAY.

NAME OF ORGANIZATION OR GOVERNMENT:

EVELYN RUBENSTEIN JEWISH COMMUNITY CENTER OF HOUSTON

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT USED FOR STRENGTHENING ISRAEL ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND INNOVATIVE WAY.

NAME OF ORGANIZATION OR GOVERNMENT: FRESH AIR SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT USED FOR STRENGTHENING ISRAEL ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND INNOVATIVE WAY.

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH COMMUNITY CENTER ASSOCIATION OF INDIANAPOLIS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT USED FOR STRENGTHENING ISRAEL ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND INNOVATIVE WAY.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH COMMUNITY CENTER OF DALLAS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS USED FOR SWIM PROGRAMS FOR
UNDERSERVED POPULATIONS AND DISADVANTAGED CHILDREN AND FOR J ON WHEELS

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH COMMUNITY CENTER OF ST. LOUIS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT USED FOR STRENGTHENING ISRAEL
ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND INNOVATIVE WAY.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH COMMUNITY CENTERS OF CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS USED FOR SWIM PROGRAMS FOR
UNDERSERVED POPOULATIONS AND DISADVANTAGED CHILDREN, J ON WHEELS, WHICH
BRINGS JCC PROGRAMS INTO THE COMMUNITY VIA MOBILE TRAILER, CONFERENCE
REGISTRATION, PROGRAMMING TO ADVANCE WOMENS' CAREERS AND TO
CREATE/MAINTAIN HEALTHFUL INCLUSION PROGRAMS FOR PEOPLE WITH INTELLECTUAL
DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: KINGSBAY YM-YWHA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT USED FOR STRENGTHENING ISRAEL
ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND INNOVATIVE WAY.

NAME OF ORGANIZATION OR GOVERNMENT:

LAWRENCE FAMILY JEWISH COMMUNITY CENTERS OF SAN DIEGO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT USED FOR STRENGTHENING ISRAEL
ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND INNOVATIVE WAY.

NAME OF ORGANIZATION OR GOVERNMENT: MACCABI WORLD UNION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS USED FOR JOINT PROGRAM FOR
COSTS OF PROVIDING ISRAELI EMISSARY TO JEWISH COMMUNITY CENTERS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

MARCUS JEWISH COMMUNITY CENTER OF ATLANTA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS USED FOR MANAGEMENT OF JCC

MACCABI GAMES, CONFERENCE ATTENDANCE, AND FOR J ON WHEELS, WHICH BRINGS

JCC PROGRAMS INTO THE COMMUNITY VIA MOBILE TRAILER.

NAME OF ORGANIZATION OR GOVERNMENT: MITTLEMAN JEWISH COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS USED FOR SWIM PROGRAMS FOR

UNDERSERVED POPOULATIONS AND DISADVANTAGED CHILDREN AND FOR STRENGTHENING

ISRAEL ENGAGEMENT IN THE COMMUNITY IN CREATIVE AND INNOVATIVE WAY.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA**

Employer identification number
13-5599486

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" 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:

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

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

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

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

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

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

Schedule J (Form 990) 2019

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Schedule J (Form 990) 2019

13-5599486

Page 2

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ACKERMAN, DAVID SVP & DIRECTOR OF MCJE	(i)	201,337.	0.	1,212.	8,086.	11,152.	221,787.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELAM, JANET SVP, COMM. CONSULT., EXEC.	(i)	232,026.	0.	1,394.	9,524.	24,612.	267,556.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HARMON, JOANNE VP, MARKETING & COMM.	(i)	174,931.	0.	154.	7,090.	12,652.	194,827.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HOROWITZ, MARK VP, DIRECTOR OF SHEVA CENT	(i)	193,889.	0.	1,189.	7,870.	13,192.	216,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KIMSAL, ROBERT SVP, CFO	(i)	209,062.	0.	1,354.	8,821.	34,885.	254,122.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KRAKOW, DORON PRESIDENT AND CEO	(i)	483,609.	14,127.	19,552.	31,500.	9,329.	558,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MAMLET, JENNIFER CHIEF DEVELOPMENT OFFICER	(i)	282,523.	0.	360.	1,867.	32,100.	316,850.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BECKER, STEVEN VP, HEALTH AND WELLNESS	(i)	142,584.	0.	760.	8,742.	13,452.	165,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) COHEN, SAMANTHA VP, JCC MACCABI	(i)	207,398.	0.	163.	1,433.	11,152.	220,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DENELLE, DORI VP, COMM. CONSULT.	(i)	205,709.	0.	1,212.	8,303.	12,196.	227,420.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) GREENBERG, AARON SENIOR CONSULTANT	(i)	147,373.	0.	279.	6,028.	13,652.	167,332.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LUTTERMAN, RANDY VP, ARTS & CULTURE	(i)	157,057.	0.	609.	6,703.	33,943.	198,312.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BALLIN, ROBIN (FORMER) SVP & DIR. BIENNIAL CONVEN	(i)	0.	0.	114,557.	0.	0.	114,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

ROBIN BALLIN RECEIVED A SEVERENCE PAYMENT OF \$114,557.

PART I, LINE 7:

THE BONUS FOR DORON KRAKOW, OF \$14,127, WAS APPROVED BY THE COMPENSATION
COMMITTEE.

PART II, COLUMN B(III):

THE AMOUNT IN THIS COLUMN FOR DORON KRAKOW INCLUDES CONTRIBUTIONS TO
457(B) RETIREMENT PLAN.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA** Employer identification number **13-5599486**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	42,345.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA

Employer identification number
13-5599486

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

JEWISH LIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PERSONNEL SERVICES- THIS PROGRAM DEALS WITH ALL MATTERS RELATED TO THE
3,000 PROFESSIONALS WORKING IN JEWISH COMMUNITY CENTERS THROUGHOUT
NORTH AMERICA. THE PROGRAM INCLUDES RECRUITING QUALITY PROFESSIONALS
TO FILL VACANCIES IN JCCS; ENHANCING A JCC'S STAFF RETENTION POTENTIAL;
MONITORING AND LEADING CHANGES IN PERSONNEL PRACTICE; STUDYING AND
PUBLICATION OF TRENDS, INCLUDING SALARIES.

EXPENSES \$ 771,555. INCLUDING GRANTS OF \$ 91,400. REVENUE \$ 42,000.

DIRECT SERVICE TO THE MILITARY - THIS PROGRAM WORKS WITH ALL BRANCHES
OF THE US MILITARY TO ENDORSE JEWISH CHAPLAINS AND PROVIDES SERVICES TO
ACTIVATE DUTY PERSONNEL, THEIR FAMILIES AND THOSE IN VETERANS
HOSPITALS.

EXPENSES \$ 499,316. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8,135.

OTHER

EXPENSES \$ 65,680. INCLUDING GRANTS OF \$ 0. REVENUE \$ 48,836.

FORM 990, PART VI, SECTION A, LINE 2:

1. STEPHEN KAUFMAN, (DIRECTOR) AND ANN KAUFMAN, (DIRECTOR) HAVE A FAMILY
RELATIONSHIP.

2. MORTON MANDEL (DIRECTOR) AND THOMAS MANDEL, (DIRECTOR) HAVE A FAMILY
RELATIONSHIP.

Name of the organization	JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA	Employer identification number	13-5599486
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FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP OF THE ASSOCIATION CONSISTS OF: DIRECTORS, HONORARY
DIRECTORS, AND THOSE DULY DESIGNATED AND AUTHORIZED BY AFFILIATED JCCS, JWB
CHAPLAINS COUNCIL AND FLORENCE G. HELLER-JCC ASSOCIATION RESEARCH CENTER AS
DELEGATES TO THE BIENNIAL CONVENTION.

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

A MEETING OF MEMBERS SHALL BE HELD BIENNIALLY DURING THE BIENNIAL
CONVENTION FOR THE ELECTION OF THE DIRECTORS AND BOARD OFFICERS TO SERVE
DURING THE NEXT TERM.

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

AN INDEPENDENT ACCOUNTANT PREPARES THE FORM 990 AND THE AUDIT COMMITTEE
REVIEWS THE FORM 990 IN DETAIL ON BEHALF OF THE BOARD, AND IS THEN SENT TO
THE BOARD FOR COMMENT. IF NO COMMENTS ARE RECEIVED, THEN THE RETURN IS
FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

A CONFLICT OF INTEREST POLICY IS IN PLACE AND MONITORED ANNUALLY. EACH YEAR
EVERY MEMBER OF THE GOVERNING BODY COMPLETES AND SIGNS A CONFLICT OF
INTEREST STATEMENT, IN WHICH THEY DISCLOSE ANY POSSIBLE CONFLICTS OF
INTEREST TO THE ORGANIZATION. IF SUCH CONFLICT OF INTEREST EXISTS, THE
BOARD MEMBER MAY NOT VOTE ON MATTERS AS TO WHICH THERE IS A CONFLICT, AND
MAY BE REQUIRED TO LEAVE THAT PORTION OF A MEETING THAT CONSIDERS THE
MATTER AS TO WHICH THERE IS A CONFLICT. CONFLICTS OF INTEREST ARE DULY
NOTED IN ALL NECESSARY REPORTING REQUIREMENTS.

Name of the organization JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA	Employer identification number 13-5599486
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FORM 990, PART VI, SECTION B, LINE 15A:

THERE IS A COMPENSATION COMMITTEE OF THE BOARD THAT NEGOTIATES WHERE APPROPRIATE OR REQUIRED AND SETS THE COMPENSATION FOR THE PRESIDENT. THE COMPENSATION COMMITTEE FOCUSES ON THE COMPENSATION AT COMPARABLE JEWISH COMMUNAL ORGANIZATIONS. THIS INFORMATION IS PROVIDED VARIOUSLY BY JCC ASSOCIATION'S HR STAFF OR IS ACCESSED THROUGH ANNUAL PUBLISHED SURVEYS IN THE FORWARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, CA, FL, GA, IL, KS, KY, MD, MA, MI, MN, NC, NH, NJ, NY, OR, PA, SC, TN, VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ON ITS WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION CHANGES OTHER THAN NET PERIODIC PENSION COSTS	8,410.
---	--------

FORM 990, PART XII, LINE 2C:

THE PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA** Employer identification number **13-5599486**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE ISRAELI AMUTA OF THE JCCA 12 MOSHE HESS STREET JERUSALEM, ISRAEL, ISRAEL	TO OPERATE PROGRAMMING IN ISRAEL	ISRAEL			JEWISH COMMUNITY CENTERS ASSOCIATION OF	X	

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

THE ISRAELI AMUTA OF THE JCCA

**DIRECT CONTROLLING ENTITY: JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH
AMERICA.**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization () Check box if name changed and see instructions. JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA
Number, street, and room or suite no. If a P.O. box, see instructions. 520 EIGHTH AVENUE
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018

D Employer identification number (Employees' trust, see instructions.) 13-5599486

B Exempt under section X 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Print or Type

E Unrelated business activity code (See instructions.)

C Book value of all assets at end of year 25,807,593.

F Group exemption number (See instructions.)

G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ROBERT D. KIMSAL, CFO Telephone number 212-786-5141

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Line number, Description, Amount. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

Part III Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 0.
33	Amounts paid for disallowed fringes 0.
34	Charitable contributions (see instructions for limitation rules) 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 0.

Part IV Tax Computation	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)
42	Proxy tax. See instructions
43	Alternative minimum tax (trusts only)
44	Tax on Noncompliant Facility Income. See instructions
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 0.

Part V Tax and Payments	
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a
b	Other credits (see instructions) 46b
c	General business credit. Attach Form 3800 46c
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d
e	Total credits. Add lines 46a through 46d 46e
47	Subtract line 46e from line 45 0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 48
49	Total tax. Add lines 47 and 48 (see instructions) 0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 0.
51a	Payments: A 2018 overpayment credited to 2019 482.
b	2019 estimated tax payments 10,700.
c	Tax deposited with Form 8868 51c
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d
e	Backup withholding (see instructions) 51e
f	Credit for small employer health insurance premiums (attach Form 8941) 51f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 51g
	<input type="checkbox"/> Form 4136 Total ▶
52	Total payments. Add lines 51a through 51g 11,182.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 11,182.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded 11,182.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ ISRAEL	X	
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

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

Signature of officer	_____	Date	_____	SVP, CFO	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name		Preparer's signature			
Paid Preparer Use Only	MAGDALENA M. CZERNIAWSKI	MAGDALENA M. CZERNIAWSKI	11/19/20	<input type="checkbox"/>	P00535099	
	Firm's name ▶ MARKS PANETH LLP	685 THIRD AVENUE		Firm's EIN ▶ 11-3518842		
	Firm's address ▶ NEW YORK, NY 10017	Phone no. 212-503-8800				

Form **5471**

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

OMB No. 1545-0123

(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JAN 1, 2019**, and ending **DEC 31, 2019**

Attachment
Sequence No. **121**

Name of person filing this return
JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
520 EIGHTH AVENUE

City or town, state, and ZIP code
NEW YORK, NY 10018

Filer's tax year beginning **JAN 1, 2019**, and ending **DEC 31, 2019**

A Identifying number

13-5599486

B Category of filer (See instructions. Check applicable box(es)):

1 2 3 4 5

C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period **100.00 %**

D Check box if this is a final Form 5471 for the foreign corporation

E Check if any excepted specified foreign financial assets are reported on this form (see instructions)

F Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation THE ISRAELI AMUTA OF THE JEWISH COMMUNITY ASSOC 12 MOSHE HESS STREET JERUSALEM ISRAEL ISRAEL	b(1) Employer identification number, if any
	b(2) Reference ID number (see instructions) 580338507
	c Country under whose laws incorporated

d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency
	JERUSALEM ISRAEL	611000	EDUCATIONAL	ISRAEL, SHEQEL

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States JEWISH COMMUNITY CENTERS ASSOCIATION 520 EIGHTH AVENUE NEW YORK NY 10018 13-5599486	b If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)

c Name and address of foreign corporation's statutory or resident agent in country of incorporation	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period

LHA For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2019)

Schedule C | **Income Statement**

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars	
Income	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3		
	4 Dividends	4		
	5 Interest	5		
	6a Gross rents	6a	120,000.	33,679.
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
8a Foreign currency transaction gain or loss - unrealized	8a		-957.	
	b Foreign currency transaction gain or loss - realized	8b		
9 Other income (attach statement)	9	4,619,775.	1,296,597.	
10 Total income (add lines 3 through 9)	10	4,739,775.	1,329,319.	
Deductions	11 Compensation not deducted elsewhere	11	1,861,273.	522,389.
	12a Rents	12a		
	b Royalties and license fees	12b		
	13 Interest	13		
	14 Depreciation not deducted elsewhere	14	19,067.	5,351.
	15 Depletion	15		
	16 Taxes (exclude income tax expense (benefit))	16		
	17 Other deductions (attach statement - exclude income tax expense (benefit))	17	2,967,419.	832,843.
18 Total deductions (add lines 11 through 17)	18	4,847,759.	1,360,583.	
Net Income	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10)	19	-107,984.	-31,264.
	20 Unusual or infrequently occurring items	20		
	21a Income tax expense (benefit) - current	21a		
	b Income tax expense (benefit) - deferred	21b		
22 Current year net income or (loss) per books (combine lines 19 through 21b)	22	-107,984.	-31,264.	
Other Comprehensive Income	23a Foreign currency translation adjustments	23a		
	b Other	23b		
	c Income tax expense (benefit) related to other comprehensive income	23c		
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)	24		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	197,085.	204,055.
2a Trade notes and accounts receivable	2a	116,108.	110,032.
b Less allowance for bad debts	2b	()	()
3 Derivatives	3		
4 Inventories	4		
5 Other current assets (attach statement)	5		
6 Loans to shareholders and other related persons	6		
7 Investment in subsidiaries (attach statement)	7		
8 Other investments (attach statement)	8		
9a Buildings and other depreciable assets	9a	136,062.	162,149.
b Less accumulated depreciation	9b	(118,530.)	(124,050.)
10a Depletable assets	10a		
b Less accumulated depletion	10b	()	()
11 Land (net of any amortization)	11		
12 Intangible assets:			
a Goodwill	12a		
b Organization costs	12b		
c Patents, trademarks, and other intangible assets	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c	12d	()	()
13 Other assets (attach statement)	13	2,288.	14,442.
14 Total assets	14	333,013.	366,628.
Liabilities and Shareholders' Equity			
15 Accounts payable	15	231,366.	296,894.
16 Other current liabilities (attach statement)	16		
17 Derivatives	17		
18 Loans from shareholders and other related persons	18		
19 Other liabilities (attach statement)	19	26,736.	26,087.
20 Capital stock:			
a Preferred stock	20a		
b Common stock	20b		
21 Paid-in or capital surplus (attach reconciliation)	21		
22 Retained earnings	22	74,911.	43,647.
23 Less cost of treasury stock	23	()	()
24 Total liabilities and shareholders' equity	24	333,013.	366,628.

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," see the instructions for required statement.		
2 During the tax year, did the foreign corporation own an interest in any trust?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," complete lines 4b and 4c.		
b Enter the total amount of the base erosion payments	▶ \$	_____
c Enter the total amount of the base erosion tax benefit	▶ \$	_____
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," complete line 5b.		
b Enter the total amount of the disallowed deductions (see instructions)	▶ \$	_____

FORM 5471	OTHER INCOME		STATEMENT 1
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
ALLOCATIONS FROM JCCA, NEW YORK	4,619,775.	3.563000	1,296,597.
TOTAL TO 5471, SCHEDULE C, LINE 9	<u>4,619,775.</u>		<u>1,296,597.</u>

FORM 5471	OTHER DEDUCTIONS		STATEMENT 2
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
FINANCIAL EXPENSE	70,557.	3.563000	19,803.
ISRAEL HOSTING EXPENSES	2,578,394.	3.563000	723,658.
MISCELLANEOUS	16,427.	3.563000	4,610.
OFFICE EXPENSES	112,048.	3.563000	31,448.
PROFESSIONAL FEES	83,818.	3.563000	23,525.
TRAVEL	41,813.	3.563000	11,735.
VEHICLE MAINTENANCE	64,362.	3.563000	18,064.
TOTAL TO 5471, SCHEDULE C, LINE 17	<u>2,967,419.</u>		<u>832,843.</u>

FORM 5471	OTHER ASSETS		STATEMENT 3
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
PREPAID EXPENSES	2,288.	14,442.	
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 13	<u>2,288.</u>	<u>14,442.</u>	

FORM 5471	OTHER LIABILITIES		STATEMENT 4
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
PROVISION FOR SEVERANCE PAY	26,736.	26,087.	
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 19	<u>26,736.</u>	<u>26,087.</u>	

Schedule G Other Information (continued)

		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule M? If "Yes," complete lines 6b, 6c, and 6d.		X
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) (see instructions) ▶ \$ _____		
c	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) ▶ \$ _____		
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) ▶ \$ _____		
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?		X
8	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?		X
9	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost sharing arrangement that was in effect before January 5, 2009?		X
10	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year?		X
11	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars ▶ \$ _____		
12	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to determine the price of the platform contribution transaction(s): <input type="checkbox"/> Comparable uncontrolled transaction method <input type="checkbox"/> Income method <input type="checkbox"/> Acquisition price method <input type="checkbox"/> Market capitalization method <input type="checkbox"/> Residual profit split method <input type="checkbox"/> Unspecified methods		
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))?		X
14a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year?		X
	If "Yes," go to line 14b.		
b	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year ▶ \$ _____		
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)?		X
	If "Yes," see instructions and attach statement.		
16	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?		X
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
18	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X
19	Did you answer "Yes" to any of the questions in the instructions for line 19?		X
	If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions) ▶ _____		
20	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?		X
	If "Yes," enter the amount ▶ \$ _____		
21	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)?		X
	If "Yes," enter the amount ▶ \$ _____		

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item F on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder ▶	Identifying number ▶		
1a Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)		1a	
b Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)		1b	
c Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)		1c	
d Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)		1d	
e Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)		1e	
f Other subpart F income (see instructions)		1f	
2 Earnings invested in U.S. property (enter the result from Worksheet B in the instructions)		2	
3 Section 245A eligible dividends (see instructions)		3	
4 Factoring income		4	
See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.			
5 Dividends received (translated at spot rate on payment date under section 989(b)(1))		5	
6 Exchange gain or (loss) on a distribution of previously taxed earnings and profits		6	

	Yes	No
• Was any income of the foreign corporation blocked?		X
• Did any such income become unblocked during the tax year (see section 964(b))?		X

If the answer to either question is "Yes," attach an explanation.

**SCHEDULE I-1
(Form 5471)**

(Rev. December 2019)

Department of the Treasury
Internal Revenue Service

Information for Global Intangible Low-Taxed Income

▶ **Attach to Form 5471.**

OMB No. 1545-0704

▶ **Go to www.irs.gov/Form5471 for instructions and the latest information.**

Name of person filing Form 5471
JEWISH COMMUNITY CENTERS ASSOCIATION OF Identifying number
13-5599486

Name of foreign corporation
THE ISRAELI AMUTA OF THE JEWISH COM EIN (if any) Reference ID number (see instr.)
580338507

Separate Category (Enter code - see instructions) ▶ **GEN**

		Functional Currency	Conversion Rate	U.S. Dollars
1	Gross income	1 4739775.		
2	Exclusions			
a	Effectively connected income	2a		
b	Subpart F income	2b		
c	High-tax exception income per section 954(b)(4)	2c		
d	Related party dividends	2d		
e	Foreign oil and gas extraction income	2e		
3	Total exclusions (total of lines 2a-2e)	3		
4	Gross income less total exclusions (line 1 minus line 3)	4 4739775.		
5	Deductions properly allocable to amount on line 4	5 4847759.		
6	Tested income (loss) (line 4 minus line 5)	6 -107,984.	3.454000	-31,263.
7	Tested foreign income taxes	7	3.454000	
8	Qualified business asset investment (QBAI)	8 131,596.	3.454000	38,100.
9a	Interest expense included on line 5	9a		
b	Qualified interest expense	9b		
c	Tested loss QBAI amount	9c		
d	Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0-	9d	3.454000	
10a	Interest income included in line 4	10a		
b	Qualified interest income	10b		
c	Tested interest income (line 10a minus line 10b). If zero or less, enter -0-	10c	3.454000	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2019)

**SCHEDULE J
(Form 5471)**

(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Identifying number

13-5599486

Name of foreign corporation

THE ISRAELI AMUTA OF THE JEWISH COMMUNITY ASSOC.

EIN (if any)

Reference ID number

580338507

- a** Separate Category (Enter code - see instructions.) ▶ **PAS**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶

Part I Accumulated E&P of Controlled Foreign Corporation

Check the box if person filing return does not have all U.S. shareholders' information to complete amount for columns (e)(i), (e)(ii), (e)(iv), and (e)(x) through (e)(xii) (see instructions).

Important: Enter amounts in functional currency.

		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Section 965(a) Inclusion (section 959(c)(1)(A))	(ii) Section 965(b)(4)(A) (section 959(c)(1)(A))
1a	Balance at beginning of year (as reported on prior year Schedule J)		74,911.				
b	Beginning balance adjustments (attach statement)						
c	Adjusted beginning balance (combine lines 1a and 1b)		74,911.				
2a	Reduction for taxes unsuspending under anti-splitter rules						
b	Disallowed deduction for taxes suspended under anti-splitter rules						
3	Current year E&P (or deficit in E&P)		-31,264.				
4	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines 1c through 6)		43,647.				
8	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed posttransaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)		43,647.				

Part I Accumulated E&P of Controlled Foreign Corporation *(continued)*

	(e) Previously Taxed E&P (see instructions)							(x) Section 965(a) Inclusion (section 959(c)(2))
	(iii) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	(v) Section 245A(e)(2) Inclusion (section 959(c)(1)(A))	(vi) Section 959(e) (section 959(c)(1)(A))	(vii) Section 964(e)(4) Inclusion (section 959(c)(1)(A))	(viii) Section 951(a)(1)(A) Inclusion (section 959(c)(1)(A))	(ix) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	
1a								
b								
c								
2a								
b								
3								
4								
5a								
b								
6								
7								
8								
9								
10								
11								
12								
13								
14								

	(e) Previously Taxed E&P (see instructions)						(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(xvi))
	(xi) Section 965(b)(4)(A) (section 959(c)(2))	(xii) Section 951A Inclusion (section 959(c)(2))	(xiii) Section 245A(e)(2) Inclusion (section 959(c)(2))	(xiv) Section 959(e) (section 959(c)(2))	(xv) Section 964(e)(4) Inclusion (section 959(c)(2))	(xvi) Section 951(a)(1)(A) Inclusion (section 959(c)(2))	
1a							74,911.
b							
c							74,911.
2a							
b							
3							-31,264.
4							
5a							
b							
6							
7							43,647.
8							
9							
10							
11							
12							
13							
14							43,647.

Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))

Important: Enter amounts in functional currency.

1	Balance at beginning of year	▶	1	
2	Additions (amounts subject to future recapture)	▶	2	
3	Subtractions (amounts recaptured in current year)	▶	3	
4	Balance at end of year (combine lines 1 through 3)	▶	4	

Schedule J (Form 5471) (Rev. 12-2019)

**U.S. Shareholder Calculation of Global Intangible
 Low-Taxed Income (GILTI)**

▶ Go to www.irs.gov/Form8992 for instructions and the latest information.

Name of person filing this return JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA	A Identifying number 13-5599486
Name of U.S. shareholder JEWISH COMMUNITY CENTERS ASSOCIATION	B Identifying number 13-5599486

Part I Net Controlled Foreign Corporation (CFC) Tested Income

1 Sum of Pro Rata Share of Net Tested Income. Enter total from Schedule A, line 1, column (e)	1	
2 Sum of Pro Rata Share of Net Tested Loss. Enter total from Schedule A, line 1, column (f)	2	(10,836.)
3 Net CFC Tested Income. Combine lines 1 and 2. If zero or negative, stop here	3	-10,836.

Part II Calculation of Global Intangible Low-Taxed Income (GILTI)

1 Net CFC Tested Income. Enter amount from Part I, line 3	1	
2 Deemed Tangible Income Return (DTIR). Multiply the total from Schedule A, line 1, column (g), by 10% (0.10)	2	
3a Sum of Pro Rata Share of Tested Interest Expense. Enter total from Schedule A, line 1, column (j)	3a	
b Sum of Pro Rata Share of Tested Interest Income. Enter total from Schedule A, line 1, column (i)	3b	
c Specified Interest Expense. Subtract line 3b from line 3a. If zero or less, enter -0-	3c	
4 Net DTIR. Subtract line 3c from line 2. If zero or less, enter -0-	4	
5 GILTI. Subtract line 4 from line 1	5	0.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Schedule A Schedule A for U.S. Shareholder Calculation of Global Intangible Low-Taxed Income (GILTI)

Name of person filing this form JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA	A Identifying number 13-5599486
Name of U.S. shareholder JEWISH COMMUNITY CENTERS ASSOCIATION	B Identifying number 13-5599486

(a) Name of CFC	(b) EIN or Reference ID
THE ISRAELI AMUTA OF THE JCCA	

Calculations for Net Tested Income (see instructions)									GILTI Allocated to Tested Income CFCs (see instructions)	
(c) Tested Income	(d) Tested Loss	(e) Pro Rata Share of Tested Income	(f) Pro Rata Share of Tested Loss	(g) Pro Rata Share of Qualified Business Asset Investment (QBAI)	(h) Pro Rata Share of Tested Loss QBAI Amount	(i) Pro Rata Share of Tested Interest Income	(j) Pro Rata Share of Tested Interest Expense	(k) GILTI Allocation Ratio (Divide Col. (e) by Col. (e), Line 1 Total)	(l) GILTI Allocated to Tested Income CFCs (Multiply Form 8992, Part II, Line 5, by Col. (k))	
0.	(10,836)	0.	(10,836)		()					
1. Totals <small>(see instructions)</small>	0.	(10,836)	0.	(10,836)	()				0.	

Totals on line 1 should include the totals from any continuation sheets.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA	Identifying number (see instructions) 13-5599486
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA	EIN of parent corporation 13-5599486
--	--

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) THE ISRAELI AMUTA OF THE JEWISH COMMUNITIES ASSOCIATION	5a Identifying number, if any
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6 Address (including country) 12 MOSHE HESS STREET JERUSALEM, ISRAEL	5b Reference ID number 1
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7 Country code of country of incorporation or organization
IS

8 Foreign law characterization (see instructions)

- 9** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2019		1,296,597.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before _____ % (b) After _____ %
- 17 Type of nonrecognition transaction (see instructions) ▶ _____
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No