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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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection JUL 1, 2015 and ending JUN 30, A For the 2015 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change BENDER JCC OF GREATER WASHINGTON X Name change 53-0205921 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 881-0100 6125 MONTROSE ROAD (301)termin-ated 19,932,247. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ROCKVILLE, MD 20852 H(a) Is this a group return Applica-F Name and address of principal officer: MICHAEL FEINSTEIN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.BENDERJCCGW.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1923 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDES SOCIAL, EDUCATIONAL, Activities & Governance CULTURAL & RECREATIONAL PROGRAMS ROOTED IN JEWISH VALUES. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 33 Number of voting members of the governing body (Part VI, line 1a) 33 Number of independent voting members of the governing body (Part VI, line 1b) <u>592</u> 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 900 Total number of volunteers (estimate if necessary) 6 5,440. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a -1,500.b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year** Current Year 5,719,446. 9,840,582. Contributions and grants (Part VIII, line 1h) Revenue 8,241,627 8,277,242. Program service revenue (Part VIII, line 2g) 246,250. 139,465. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 60,694. 79,456. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,286,779. 18,317,983. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 113,321. 120,551. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 7,184,152. 7,529,280. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 13,125. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 5,001,105 5,324,469. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,311,703. 12,974,300. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,343,683. 1,975,076. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 24,046,406. 33,653,899. 20 Total assets (Part X, line 16) 15,152,355. 8,962,482. 21 Total liabilities (Part X, line 26) 15,083,924. 18,501,544. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign DEBRA COOPER, CHIEF FINANCIAL OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature if self-employed FRANK H. SMITH 01/18/17 P00639053 Paid 52-1511275 Firm's name RAFFA, P.C. Preparer Firm's EIN ▶

NW, SUITE 850

X Yes No Form **990** (2015)



Phone no. (202) 822-5000

May the IRS discuss this return with the preparer shown above? (see instructions)

WASHINGTON, DC 20036

Firm's address 1899 L STREET,

Use Only

DANCE CLASSES IN BALLET, TAP, JAZZ, HIP-HOP, AND MORE AND TO EXPERIENCE

Other program services (Describe in Schedule O.)

2,068,349 • including grants of \$

1,574.) (Revenue \$

549,319.)

4e

10,903,056.

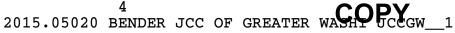
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			٦,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			17
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	امرا		v
4 -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مد		v
	complete Schedule G, Part III	19	000	X



Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7.7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			- v
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	.		v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		Α.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		24		х
250	,	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ^ `
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 513/b)(13)? If "Yes " complete Schedule R. Part V. line 2	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		Х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		 ^ `
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
38		38	Х	
	Note. All Form 990 filers are required to complete Schedule O	J 30		



Form 990 (2015) BENDER JCC OF GREATER WASHINGTON Part V Statements Regarding Other IRS Filings and Tax Compliance

Pee No Pee		Check if Schedule O contains a response or note to any line in this Part V							
be first the number of Forms W26 included in line 1a. Enter or In rind applicable 10 10 10 10 10 10 10 1			ı	l 57		Yes	No		
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (a gambing) winnings to prize winners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, feed for the calendar year ending with or within the year covered by this return 2 b if at least one is reported on line 28, did the organization file all required federal employment tax returns? 2 b X Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 b If the veganization have unreated business gross income of \$1 (100) or more during the year? 3 a X b if "Yee," has if filed a Form 990-T for this year? If "No," to file 81b, provide an explanation in Schedule O 5 b If "Yee," the time of the foreign country? 5 b If "Yee," enter the name of the foreign country? 5 b If "Yee," enter the name of the foreign country? 5 b If "Yee," to line Sa or 5b, did the organization that all twas or is a party to a prohibited tax shaller transaction? 5 b Was the organization and party to a prohibited tax shaller transaction any contributions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (#BAR). 5 a Was 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? 5 b If "Yee," a file the organization the include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6 b If "Yee," a file the organization the include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 b If "Yee," a file the organization to notify the donor of the value of the goods or services provided? 8 b If "Yee," a file the organization neithy the donor of the value of the goods or services provided? 9 b If the organization received a contribution of au sufficient file									
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2a Effet the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a IV the Vers, I has it filed a Form 990-T for this year? If No, 1 of line 3b, provide an explanation in Schedule O 3b IV see, I has it filed a Form 990-T for this year? If No, 1 of line 3b, provide an explanation in Schedule O 3b IV see, I have the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account; (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b IV set, 1 of I wes, 1 of I will be organization file Form 888-817 6c If Yes, 1 of the organization the organization file Form 888-817 6d Does the organization and gross receiptes that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible? 6c If Yes, 1 of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, 1 of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization selected apyment in excess of \$7 made party for goods and services provided? 7d If Yes, 1 of the organization rottly the donor of the value of the goods or services provided? 7e If Yes, 1 of the organization rottly the donor of the value of the goods or services provided? 7d If Yes, 1 of the organization received a contribution of care, boats, airplanes, or other value of the goods and services provided? 7f IV X 7f I will be organization received an contribution of care, boats, airplanes, or other values, did the organ	С				4-	v			
fleed for the calendary year ending with or within the year covered by this return. 1	0-		 I	I	10	^			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If Yes, *has it filed a Form 900-Tro this year? If Yes, *to line 3b, provide an explanation in Schedule O 4a At any time during the calendary 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 accountly? 4a X 5b If Yes, *to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction at any time during the calendary can did the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, *to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b If Yes, *to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductible as charitable contributions? 6c In If Yes, *to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If Yes, *did the organization neceive apyment in excess of 35 made party is a porthibited tax shelter transaction? 7c If Yes, *did the organization neceive apyment in excess of 35 made party is a contribution and party for goods and services provided to the payor? 7c If Yes, *did the organization neceive apyment in excess of 35 made party is a contribution of party in the organization of the value of the goods or services provided? 7d If Yes, *dinicate the number of Forms 8282 filed during the year	Za		20	592					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	h				2h	x			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, "his filled a Form 990-17 for this year? " * * * * * * * * * * * * * * * * * *	b				20				
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financial account in a foreign country (such as a bank account, securities account, or other financial account)? b (If "Yes," enter the name of the foreign country: " See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stable party notify the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twer 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 as charitable contributions? 6b Wester of the experiment of the deductible contributions under section 170(c). a Did the organization stat may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organization stat may receive deductible contributions under section 170(c). b If "Yes," did the organization ontify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 10 Did the organization make any the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Yes, If the organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributi									
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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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization are 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7b 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 or goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distribution sunder section 4966? b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders	b	· · · · · · · · · · · · · · · · · · ·							
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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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 33			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion 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?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a		12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MD , VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DEBRA COOPER - (301) 881-0100			
	6125 MONTROSE ROAD, ROCKVILLE, MD 20852			

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 (Ď), (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.

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

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

Note Provide the week Statistical St	(A)	(B)			(((D)	(E)	(F)
Officer and a director/nutries of from related organizations (M-2/1099-MISC) Officer and a director/nutries of the organizations (M-2/1099-MISC) Officer and a director/nutries officer and phonos for related organizations Officer and phonos for relat	Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
Compensation Foundation F		1								·	
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Comparizations Comp		1	or dire	يو			ated		Ŭ.	(W-2/1099-MISC)	
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10.00 X		1 -	dual tr	tional	١. ا	nploye	st con yee	_			
10.00 X			ndivic	nstitu	Officer	(ey en	Highes emplo	-orme			organizations
C2	(1) FELICIA K. GOTTDENKER	10.00	_	Ī	Ť			_			
BOARD CHAIR ELECT & CHAIR, DEV. X	BOARD CHAIR		Х		Х				0.	0.	0.
CHAIR GOVERNANCE	(2) HEIDI HOOKMAN BRODSKY	10.00									
CHAIR, GOVERNANCE	BOARD CHAIR ELECT & CHAIR, DEV.		Х		Х				0.	0.	0.
Helen Rubin	(3) MINDY BERGER	10.00									
CHAIR, ADMIN. AND FINANCE/TREASURER	CHAIR, GOVERNANCE		Х		Х				0.	0.	0.
(5) DARRYL SHROCK (CHAIR, MEMBERSHIP (6) NEIL GURVITCH (6) NEIL GURVITCH (6) NEIL GURVITCH (7) MATTHEW WEINBERG (7) MATTHEW WEINBERG (8) ANDREW CHOD (8) ANDREW CHOD ASSISTANT SECRETARY (8) ANDREW SECRETARY (9) BRIAN PEARLSTEIN (10) BRIAN GAINES (10) BRIAN GAINES (10) BRIAN GAINES (11) GILLY ARIE (12) BRENT BERGER, MD BOARD MEMBER (13) ROBERT I. BLACK BOARD MEMBER (14) NATHAN BORTNICK BOARD MEMBER (15) ANDREW BRIDGE BOARD MEMBER (16) ROBORD MEMBER (17) TOBY GOTTESMAN BOARD MEMBER (17) TOBY GOTTESMAN SON O. (17) TOBY GOTTESMAN SON O. (10) O. (10) O. (11) GLAN GAINES (12) DARRYL SHROCK (13) ROBERT I. BLACK SON O. (14) O. (15) ANDREW BRIDGE SON O. (16) RON GORFINKEL SON O. (17) TOBY GOTTESMAN SON O. (18) O. (10) O. (10) O. (10) O. (10) O. (11) GON OR	(4) HELEN RUBIN	10.00									
CHAIR, MEMBERSHIP	CHAIR, ADMIN. AND FINANCE/TREASURER		Х		Х				0.	0.	0.
Columb C	(5) DARRYL SHROCK	10.00							_	_	_
SECRETALY			X		X				0.	0.	0.
The second column The	(6) NEIL GURVITCH	10.00								_	_
X			X		X				0.	0.	0.
ASSISTANT SECRETARY	(7) MATTHEW WEINBERG	10.00									
X		1000	X		X				0.	0.	0.
10.00		10.00	l								
ASSISTANT TREASURER (10) BRIAN GAINES (10) BRIAN GAINES (11) GILLY ARIE BOARD MEMBER (12) BRENT BERGER, MD BOARD MEMBER (13) ROBERT I. BLACK BOARD MEMBER (14) NATHAN BORTNICK BOARD MEMBER (15) ANDREW BRIDGE BOARD MEMBER (16) RON GORFINKEL BOARD MEMBER (17) TOBY GOTTESMAN BOARD MEMBER X X X X X X X X X X X X X X X X X X X		1000	X		X				0.	0.	0.
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Solit Soli		5.00									•
BOARD MEMBER		F 00	X		X				0.	0.	0.
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(16) RON GORFINKEL 5.00 BOARD MEMBER X (17) TOBY GOTTESMAN 5.00 BOARD MEMBER X 0. 0. 0. 0.		3.00	x						0.	0.	0 -
BOARD MEMBER X 0. 0. 0. (17) TOBY GOTTESMAN 5.00 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0.		5.00							0.	•	
(17) TOBY GOTTESMAN 5.00 X 0. 0.		3.00	x						0.	0.	0.
BOARD MEMBER X 0. 0. 0.		5.00	 ``	\vdash		\vdash	\vdash	 	0.	.	
		3.00	x						0.	0.	0.
532007 12-16-15 Form 99U (2015)	532007 12-16-15	1			_						Form 990 (2015)

Page 8

3

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations line) 5.00 (18) LISA GUNTY BOARD MEMBER 0. 0. 0. X (19) HOLLI BECKERMAN JAFFE 5.00 X 0 0 . 0. BOARD MEMBER 5.00 (20) RAMI KANNDEL 0 X 0. 0. BOARD MEMBER (21) RANDI K. MEYROWITZ 5.00 X 0 0 . BOARD MEMBER 0. 5.00 (22) CANDACE OURISMAN 0 0 BOARD MEMBER Х Ο. (23) ARTHUR POLOTT 5.00 X 0 0. BOARD MEMBER 0. (24) ADAM POLSKY 5.00 X 0. 0 0. BOARD MEMBER 5.00 (25) TRACY BLOOM SCHWARTZ X 0. 0. 0. BOARD MEMBER 5.00 (26) REED SEXTER BOARD MEMBER Х 0 0 0. 0. 0. 1b Sub-total 7,229. 520,065. 0. c Total from continuation sheets to Part VII, Section A 7,229. 520,065. d Total (add lines 1b and 1c).

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HEBREW HOME OF GREATER WASHINGTON	MAINTENANCE & OTHER	
6121 MONTROSE ROAD, ROCKVILLE, MD 20852	OPERATIONS	778,678.
GENSLER & ASSOCIATES, INC.		
2020 K STREET, NW, WASHINGTON, DC 20006	DESIGN AND PLANNING	388,702.
GALI SERVICE INDUSTRIES, INC., 6931	CLEANING &	
ARLINGTON RD., SUITE B, BETHESDA, MD 20814	HOUSEKEEPING SERVICE	347,588.
AMERICAN POOL, INC., 9305 GERWIG LANE,	SWIMMING POOL	
SUITE E, COLUMBIA, MD 21046	MANAGEMENT	279,149.
JAMES G. DAVIS CONSTRUCTION CORPORATION		
12530 PARKLAWN DRIVE, ROCKVILLE, MD 20852	CONSTRUCTION	255,082.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION

Form 990 BENDER J	00 01 01				712			.101011	53-020	<u> </u>
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	Ė	_	(((D)	(E)	(F)
Name and title	Average			Posi		ı		Reportable	Reportable	Estimated
	hours	(check all that apply)					ly)	compensation	compensation	amount of
	per	Ť					<u> </u>	from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				em plc		organization	(W-2/1099-MISC)	from the
	hours for	or di	99			sated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	npen				and related organizations
	below	dual t	tiona	١. ا	nploy	stcor				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ANDREW P. SHULMAN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(28) DALE SINGER	5.00									
BOARD MEMBER		х						0.	0.	0.
(29) BRADLEY C. STILLMAN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(30) MAURICE "MAC" VERSTANDIG	5.00									
BOARD MEMBER		Х						0.	0.	0.
(31) DAVID WAGHELSTEIN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(32) THE HON. JEFF WALDSTREICHER	5.00									
BOARD MEMBER		Х						0.	0.	0.
(33) SHARON ZISSMAN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(34) MICHAEL FEINSTEIN	65.00								_	
CHIEF EXECUTIVE OFFICER				Х				257,686.	0.	3,536.
(35) RUTH E. CARSKI	65.00								_	
CHIEF FIN. OFFICER				Х				139,331.	0.	235.
(36) AMY GANTZ	65.00								_	
CHIEF OPERATING OFFICER						Х		123,048.	0.	3,458.
		ł								
		1								
	1			_			_			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 17,258. 1 a Federated campaigns **b** Membership dues 510,001 c Fundraising events d Related organizations 1d _{1e} 2,214,856. e Government grants (contributions) f All other contributions, gifts, grants, and 1_{1f} 7,098,467 similar amounts not included above 52,211g Noncash contributions included in lines 1a-1f: \$ 9,840,582. h Total. Add lines 1a-1f Business Code 900099 5,811,979.5,811,979. 2 a PROGRAM FEES Program Service Revenue b MEMBERSHIP DUES 900099 2,213,765.2,213,765. c RENTAL INCOME 900099 251,498. 251,498. All other program service revenue 8,277,242. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 137,045 137,045. other similar amounts) Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 1517918. assets other than inventory b Less: cost or other basis 1515498 and sales expenses 2,420. c Gain or (loss) 2,420. 2,420. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 510,001. of contributions reported on line 1c). See Part IV, line 18 a 50,565 Other 63,002. **b** Less: direct expenses -12,437. -12,437 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 12,200 Part IV, line 19 9,000. **b** Less: direct expenses 3,200. 3,200. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 38,504 and allowances 26,764. **b** Less: cost of goods sold 11,740. 11,740 c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 52,751. 11 a MISCELLANEOUS 900099 52,751 5,440. b ADVERTISING 5,440 541800 С d All other revenue 58,191. e Total. Add lines 11a-11d 18317983.8,288,982. 5,440. 182,979 Total revenue. See instructions.

532009 12-16-15

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 respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 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				·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	120,551.	120,551.		
3	Grants and other assistance to foreign	120,331.	120,331.		
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	421,487.	182,572.	161,585.	77,330.
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	5,864,577.	5,011,553.	521,294.	331,730.
8	Pension plan accruals and contributions (include	100 01-	100 000	22 424	40.000
	section 401(k) and 403(b) employer contributions)	190,315.	138,829.	32,196.	19,290.
9	Other employee benefits	366,707.	320,441.	28,866.	17,400.
10	Payroll taxes	686,194.	563,484.	76,733.	45,977.
11	Fees for services (non-employees):				
	Management	9,200.	2,060.	7,140.	
b	Legal	100,613.	4,000.	100,613.	
	Accounting	100,013.		100,013.	
	Lobbying Professional fundraising services. See Part IV, line 17				
		34,560.		34,560.	
f a	Other. (If line 11g amount exceeds 10% of line 25,	34,3001		34,300.	
g	column (A) amount, list line 11g expenses on Sch 0.)	496,398.	446,774.	33,865.	15,759.
12	Advertising and promotion	145,199.	84,255.	13,777.	47,167.
13	Office expenses	521,650.	365,157.	57,298.	99,195.
14	Information technology	45,829.	29,367.	13,889.	2,573.
15	Royalties	-	-	-	
16	Occupancy	1,764,954.	1,658,119.	48,543.	58,292.
17	Travel	366,236.	364,267.	1,086.	883.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	99,498.	77,740.	20,643.	1,115.
20	Interest	151,445.	141,156.	4,778.	5,511.
21	Payments to affiliates	710 022	((0,000	20 240	22 455
22	Depreciation, depletion, and amortization	712,033.	668,230.	20,348.	23,455. 2,551.
23	Insurance Other averages Itamize averages not solvered	72,412.	67,928.	1,933.	4,331.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	704,032.	650,088.	37,797.	16,147.
b	MEMBERSHIP DUES	100,410.	10,485.	89,571.	354.
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	12,974,300.	10,903,056.	1,306,515.	764,729.
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)				
E2001	n 12-16-15				Form 990 (2015

532010 12-16-15

Form **990** (2015) 2015.05020 BENDER JCC OF GREATER WASHINGTON 1

Form 990 (2015) Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,399,475.	1	2,872,146.
	2	Savings and temporary cash investments	579,533.	2	519,019.
	3	Pledges and grants receivable, net	5,234,586.	3	9,104,463.
	4	Accounts receivable, net	12,043.	4	22,258.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	199,539.	9	190,112.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 24,011,899.			
	b	Less: accumulated depreciation 10b 10,846,820.		10c	13,165,079.
	11	Investments - publicly traded securities	3,307,712.	11	3,501,829.
	12	Investments - other securities. See Part IV, line 11	4,631,288.	12	4,069,236.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	209,757.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	24,046,406.	16	33,653,899.
	17	Accounts payable and accrued expenses	1,691,035.	17	1,602,935.
	18	Grants payable	1 006 004	18	0.040.200
	19	Deferred revenue	1,886,024.	19	2,040,329.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	2 040 270	22	6 200 156
	23	Secured mortgages and notes payable to unrelated third parties	2,049,278.	23	6,380,156.
	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	3,336,145.	0.5	5,128,935.
	00	Schedule D	8,962,482.	25 26	15,152,355.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	0,902,402.	26	13,132,333.
"		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27		1,779,620.	27	5,504,446.
lan	27 28	Unrestricted net assets Temporarily restricted net assets	6,884,915.	28	6,215,216.
Fund Balances	29	5	6,419,389.	29	6,781,882.
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 958), check here	0 / 113 / 303 •	29	077017001
		and complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	15,083,924.	33	18,501,544.
	34	Total liabilities and net assets/fund balances	24,046,406.	34	33,653,899.
	U-T	Total habilities and tiet assets/futio balafices	,	UT	Form 990 (2015)



Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI				X					
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	18,31 12,97 5,34 15,08	7,9 4,3 3,6 3,9 7,0	83. 00. 83. 24. 51.					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,60	9,0	⊥∠.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10									
Pa	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 2a	 1 Accounting method used to prepare the Form 990:									
b	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,									
С	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.									
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Audit	3a		Х					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?		26							

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BENDER JCC OF GREATER WASHINGTON

Employer identification number 53-0205921

Da	rt I	Reason for Public (All arganizations must a			a instructions					
	orgar 	ization is not a private found	•		•	•						
1	Ш	A church, convention of ch	•				I)(A)(i).					
2	Н	A school described in sect i		•								
3	Н	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 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	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	•	intial part of its support	from a gov	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)							
9		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from				
		activities related to its exen	npt functions - subje	ct to certain exceptions,	, and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment				
		income and unrelated busing	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.				
	_	See section 509(a)(2). (Cor	mplete Part III.)									
10	Щ	An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).					
11		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to carry out the	purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in				
	_	lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	s 11e, 11f, and 11g.					
а			anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving				
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting				
	_	organization. You must o	complete Part IV, Se	ections A and B.								
b			anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	ving				
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported				
	_	organization(s). You mus	t complete Part IV,	Sections A and C.								
С							• •	ed with,				
		its supported organization										
d		⊥ Type III non-functionally										
		that is not functionally int	-		•		-	iveness				
	_	requirement (see instruct	•	· ·								
е		□ Check this box if the organization.					Type I, Type II, Type III					
		functionally integrated, or	* *	nally integrated support	ing organi	zation.						
t		er the number of supported of	•									
g		vide the following information i) Name of supported	ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of				
	,	organization	(11) 2.11	(described on lines 1-9	listed i	n your	support (see	other support (see				
		•		above (see instructions))	governing o	No	instructions)	instructions)				
					162	NO						
								_				
Γota	ıl											

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

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

Sec	ction A. Public Support	71	•	,			
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	3191653.	3552323.	4971692.	5719446.	9840582.	27275696.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3191653.	3552323.	4971692.	5719446.	9840582.	27275696.
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)						6399992.
	Public support. Subtract line 5 from line 4.						20875704.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	3191653.	3552323.	4971692.	5719446.	9840582.	27275696.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	110 000	100 400	102 005	145 262	125 045	601 065
	and income from similar sources	112,892.	100,482.	103,285.	147,363.	137,045.	601,067.
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	F0 100	00 000	40 262	(2 055	F7 C4C	211 172
	assets (Explain in Part VI.)	52,188.	88,220.	49,263.	63,855.	5/,040.	311,172. 28187935.
	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	•	,				,780,775.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —
Sec	organization, check this box and store ction C. Computation of Publ		rcentage				P
	Public support percentage for 2015 (volumn (f))		14	74.06 %
	Public support percentage from 2014					15	81.36 %
	33 1/3% support test - 2015. If the o						
	stop here. The organization qualifies						
h	33 1/3% support test - 2014. If the o						
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	-	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
	The state of the s	on oon u		,	.,		·- ········ • ·



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

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

Se	ction A. Public Support	clow, picase com	piete r art ii.j				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	1 , /	``
	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						
Ū	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	l .					
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	ion 501(c)(3) organiz	zation,
-	check this box and stop here						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2015 (I			column (f))			%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					11	
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 2						%
19	a 33 1/3% support tests - 2015. If the						
ı	more than 33 1/3%, check this box at 33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly sup	ported organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his hox and see in	nstructions	

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	Зс		
	4a		
	та		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0		
	9a		
	9b		
	9c		
	10a		
	10b		
ո 9	90 or 99	90-EZ	2015

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		İ
Sec	tion 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			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion 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			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	ruotiono	١	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		No
2	Activities Test. <i>Answer (a) and (b) below.</i>		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b		Za		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b		Ju		
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

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	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	. ugo o
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion 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		
Sect	ion 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		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
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	Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting org	janization (see
	instructions).	. 3	5	•

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualifi	ed 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	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	9	
	(provid	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2015 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
.	·	Distribution Allocations (see instance)	Excess Distributions	Underdistributions	Distributable
Secti	ion E -	Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2015			
	(reaso	nable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2015:			
а					
b					
С					
d	From 2	2013			
е	From 2	2014			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2015 distributable amount			
i	Carry	over from 2010 not applied (see instructions)			
j	Remai	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2015 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2015 distributable amount			
С	Remai	inder. Subtract lines 4a and 4b from 4.			
5	Remai	ning underdistributions for years prior to 2015, if			
	any. S	ubtract lines 3g and 4a from line 2 (if amount			
	greate	r than zero, see instructions).			
6	Remai	ning underdistributions for 2015. Subtract lines 3h			
	and 4	o from line 1 (if amount greater than zero, see			
	instruc	ctions).			
7	Exces	s distributions carryover to 2016. Add lines 3j			
	and 4	э.			
8	Break	down of line 7:			
а					
b					
С	Exces	s from 2013			
d	Exces	s from 2014			
_	Evces	s from 2015			

Schedule A (Form 990 or 990-EZ) 2015 BENDER JCC OF GREATER WASHINGTON 53-0205921 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS
2011 AMOUNT: \$ 52,188.
2012 AMOUNT: \$ 88,220.
2013 AMOUNT: \$ 49,263.
2014 AMOUNT: \$ 63,855.
2015 AMOUNT: \$ 52,751.
GAIN ON DISPOSAL OF FIXED ASSETS
2011 AMOUNT: \$ 0.
2012 AMOUNT: \$ 0.
2013 AMOUNT: \$ 0.
2014 AMOUNT: \$ 0.
2015 AMOUNT: \$ 4,895.

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.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

BENDER JCC OF GREATER WASHINGTON

53-0205921

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 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					
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 utor, 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, EZ, line 1. Complete Parts I and II.					
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for f cruelty to children or animals. Complete Parts I, II, and III.					
year, contributio is checked, ente purpose. Do not	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box r here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No" of certify that it does not me	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					
LHA For Paperwork Re	duction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)					

Name of organization Employer identification number

BENDER JCC OF GREATER WASHINGTON

53-0205921

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 4,650,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,500,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 783,902.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$335,298.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

BENDER JCC OF GREATER WASHINGTON

53-0205921

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

523453 10-26-15

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number 53-0205921 BENDER JCC OF GREATER WASHINGTON Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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 (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BENDER JCC OF GREATER WASHINGTON

Employer identification number 53-0205921

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		2 200 400 200
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a history	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cons	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes t	ne organization's accounting for
	conservation easements.		0: :: 4
Pa			ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	· · · · · · · · · · · · · · · · · · ·	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	•	gain, provide
	the following amounts required to be reported under SFAS 11		.
a	Revenue included on Form 990, Part VIII, line 1		
р	Assets included in Form 990, Part X		🕨 🕽

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	ner Simila	ar Asse	ts (continued	a)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant ı	use of its	collection ite	ms
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research e Uther							
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further the	ne organization's ex	empt purpo	se in Parl	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simil	ar assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	he organization's co	ollection?			Yes	<u>No</u>
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets no	ot included		_	
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance							
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	oility?	L	」Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.						L	
Par	t V Endowment Funds. Complete i	the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y		(e) Four year	rs back
	Beginning of year balance	8,202,708.	8,421,207.	7,920,089	7,5	89,099.	7,62	5,978.
b	Contributions	363,696.	58,942.	78,512.	. –	23,052.	37	7,431.
С	Net investment earnings, gains, and losses	-67,544.	127,401.	803,300.	. 7	25,064.	-83	3,043.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	395,230.	382,357.	358,407	. 3	53,540.	31'	7,149.
f	Administrative expenses	22,520.	22,485.	22,287		17,482.		4,118.
g	End of year balance	8,081,110.	8,202,708.	8,421,207	7,9	20,089.	7,589	9,099.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:				
	Board designated or quasi-endowment	8.71	_%					
b	Permanent endowment 83.92	%						
С	Temporarily restricted endowment ▶	7 . 37%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organiz	ation		
	by:						Yes	_
	(i) unrelated organizations						3a(i) X	
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	rt VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line 10.			
	Description of property	(a) Cost or ot basis (investm			Accumulate epreciation	ed	(d) Book val	lue
1a	Land							
	Buildings							
	Leasehold improvements						2,756,	
	Equipment			0,201.	274,75		205,	
	Other		1,39	0,375. 1,	187,5		202,	
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X, column (B), line 1	0c.)		▶ 1	3,165,	079.

Schedule D (Form 990) 2015



Schedule D (Form 990) 2015 BENDER JCC	OF GREATER	WASHINGTON	53-	-0205921	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b. See Form 990, F	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		luation: Cost or end-	-of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) UNITED JEWISH ENDOWMENT					
(B) FUND	4,069,23	6. END-OF-YE	EAR MARKET	VALUE	
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,069,23	6.			
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11c. See Form 990. F	Part X. line 13.		
(a) Description of investment	(b) Book value		luation: Cost or end-	of-year market v	alue
(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 F	Part X line 15		
	Description	ille 11d. See 1 omi 330, 1	art X, iii le 15.	(b) Book val	ue
	Bosonption			(D) Doon van	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	4= \				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV,		990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes		70 504			
(2) CAPITAL LEASE OBLIGATIONS		70,504.			
(3) ACCRUED PENSION OBLIGATION	IN	4,932,388.			
(4) DEPOSITS PAYABLE		107,150.			
(5) DEFERRED COMPENSATION		18,893.			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015



(6) (7) (8)

5,128,935.

Pa	TEXI Reconciliation of Revenue per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12		n Revenue per R	leturi	n.
1	Total revenue, gains, and other support per audited financial statements			1	18,009,390.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			_ '	10,000,000
2		2a	-317,051.		
a	Net unrealized gains (losses) on investments		8,458.		
b	Donated services and use of facilities		0,430.		
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				-308,593.
e	Add lines 2a through 2d			2e 3	18,317,983.
3	Subtract line 2e from line 1			3	10,317,303.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	امدا			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			4.	0.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			4c	18,317,983.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial State				
ıa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		ii Expenses per	Hett	4111.
_				1	12,982,758.
1	Total expenses and losses per audited financial statements			'	12,502,750.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	8,458.		
a	Donated services and use of facilities		0,450.		
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)			200	8,458.
e	Add lines 2a through 2d			2e 3	12,974,300.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	12,571,500
-	Investment expenses not included on Form 990, Part VIII, line 7b	40			
a	Other (Describe in Part XIII.)			-	
b c				4c	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5	12,974,300.
_	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV lines 1h	and 2b: Part V line	4· Part	t X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			i, i ai.	, m o 2, r are 70,
		aa			
PAI	RT V, LINE 4:				
THI	E CENTER USES ITS ENDOWMENT FUNDS AS NEED	ED FOR	NEW INITIA	TIV	ES AND TO
CO	JER OPERATING CASH SHORTFALLS AS APPROVED	BY THE	E BOARD OF	DIR	ECTORS.
	_				
PAI	RT X, LINE 2:				
FOI	R THE YEAR ENDED JUNE 30, 2016 NO PROVISI	ON FOR	INCOME TAX	ES	WAS MADE AS
THI	E CENTER HAD NO NET UNRELATED BUSINESS IN	COME A	ND DID NOT	IDE	NTIFY ANY
		017 OD 1			m
UN(CERTAIN TAX POSITIONS REQUIRING RECOGNITI	ON OR I	DISCLOSURE	TN	THESE
ידה	JANCIAI CHAMENMO				
<u>L. T.I</u>	NANCIAL STATEMENTS.				

Schedule D (Form 990) 2015	BENDER	JCC	OF	GREATER	WASHINGTON	53-0205921	Page 5
Schedule D (Form 990) 2015 Part XIII Supplemental Infor	mation (conti	nued)					
		_					
						Schedule D (Form 9	90) 2015

2015.05020 BENDER JCC OF GREATER WASH DCCGW_1

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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BENDER JCC OF GREATER WASHINGTON

Employer identification number 53-0205921

DHIDHI	CCC CI CILLIII WIID	*****	<u> </u>	-1	33 0203	<u> </u>			
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not			
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
S List all states in which the organization	on is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is exempt from re	egistration			
or licensing.									

Schedule G (Form 990 or 990-EZ) 2015

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

Schedule G (Form 990 or 990-EZ) 2015 BENDER JCC OF GREATER WASHINGTON 53-0205921 Page 2 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 DINNER OF CHAMPIONS	(b) Event #2 SPRING EVENT	(c) Other events NONE	(d) Total events (add col. (a) through
an.			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts	415,821.	144,745.		560,566.
	2	Less: Contributions	378,941.	131,060.		510,001.
	3	Gross income (line 1 minus line 2)	36,880.	13,685.		50,565.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages	29,308.	19,250.		48,558.
О		Entertainment	0.	4,264. 4,000.		4,264. 10,180.
	9	Other direct expenses	6,180.	4,000.		63,002.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li			_	-12,437.
Pa	rt I	III Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
Je			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				billgo/progressive billgo	., .	col. (a) through col. (c))
Re	1	Gross revenue				
	•	aross revenue				
SS	2	Cash prizes				
ense						
Exp	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	□ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		,	, , ,		·	
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	IT "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax	year?	Yes No
b	If "	Yes," explain:				

532082 09-14-15

2015.05020 BENDER JCC OF GREATER WASH UCCGW_1

Sch	edule G (Form 990 or 990-EZ) 2015 BENDER JCC OF GREATER WASHINGTON 53-0	205921	- Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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	%
	An outside facility	13b	%
	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
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
,	If "Yes," enter name and address of the third party:		
٠	on Tes, enternance and address of the tillid party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	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 ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and (nes 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

Schedule G	i (Form 990 or 990-EZ)	BENDER	JCC C)F	GREATER	WASHINGTON		53-0205921	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (cont	inued)						
					· · · ·				
							So	chedule G (Form 990 o	r 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	f the organization BENDER JC	C OF GREA	TER WASHING	TON				Employer identification number $53-0205921$
Part I	General Information on Grants a	ınd Assistance						
1 D	pes the organization maintain records	to substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
cr	iteria used to award the grants or assi	stance?						X Yes No
2 D	escribe in Part IV the organization's pr	ocedures for moni	toring the use of grant	t funds in the Unite	d States.			
Part II	Grants and Other Assistance to	Domestic Organi	zations and Domesti	ic Governments.	Complete if the org	anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
	recipient that received more than	\$5,000. Part II can	be duplicated if addit	tional space is nee	ded.			
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 non-cash assistance	(h) Purpose of grant or assistance
	nter total number of section 501(c)(3) anter total number of other organization							>
LHA F	or Paperwork Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2015)

532101 10-28-15

(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 non-cash assistance
					REDUCTION IN MEMBERSHIP DUES
			cash assistance (book, FMV, appraisal, other) REDUCTION AND PROGE PRESCHOOL AND MUSIC O. 120,551.FMV AND MUSIC Imm (b), and any other additional information. HE CENTER'S PROGRAMS CELLANEOUS PROGRAM PIENT DROPS OR CANCELS A ED TO THE NEXT PERSON ON	AND PROGRAM TUITION FOR	
					PRESCHOOL, CAMP, DANCE CLASSES
MEMBERSHIP AND PROGRAM SCHOLARSHIPS TO THE NEEDY	320	0.	120,551.	FMV	AND MUSIC LESSONS
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2, Part III, columr	n (b), and any other a	dditional information.	
PART I, LINE 2:					
COLOR ADOLLED BUNDO DEOLLED DV MILE	CENTED A		GENMED! C	DD CCD AMC	
SCHOLARSHIP FUNDS PROVIDED BY THE	CENTER A	RE FOR THE	CENTER S	PROGRAMS	
INCLUDING ECC TUITION, CAMP TUITION	ON. AND O	THER MISCE	ELLANEOUS P	ROGRAM	
	,				
SCHOLARSHIPS. IN THE EVENT THAT A	SCHOLARS	HIP RECIPI	ENT DROPS	OR CANCELS A	
CLASS, THE SCHOLARSHIP FUNDS ARE	REVOKED A	ND OFFERED	TO THE NE	XT PERSON ON	
THE SCHOLARSHIP LIST. SCHOLARSHIP	S ARE NOT	OFFERED F	FOR NON-CEN	TER PROGRAMS.	

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BENDER JCC OF GREATER WASHINGTON

Employer identification number 53-0205921

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the very did any payon listed on Forms CCC Part VIII. Continue A. line 10 with respect to the filling			
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:	40		х
	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	The storage of lines 44.6, 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:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" to 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:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	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 non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2015



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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(B)(i)-(D)	in column (B) reported as deferred on prior Form 990		
(1) MICHAEL FEINSTEIN	(i)	239,686.	18,000.	0.	0.	3,536.	261,222.	0.		
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.		0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii) (i)									
	(ii)									
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	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									

COPY

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection **Employer identification number**

	BENDER JCC O	F GREA	TER WASHI	NGTON	53-0	205	921	
Pa	rt 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 de noncash contribu		•	s
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	1,611	43,211.	SALES PRICE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • (DONATED GIFTS)	X	14	9,000.	FAIR MARKET	VA	LUE	
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the organization	zation durine	the tax year for c	contributions				
	for which the organization completed Form 828							
	3	, ,	·				Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	equires the review	of any non-standard contribu	utions?	31	Х	
	Does the organization hire or use third parties							
			•			32a		х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rtv for which column (a) is ch	ecked.			
	describe in Part II.		, ₋ - 0. 3 00	,	,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)



	is report	emental I ing in Part I for any add	, colui	mn (b),	the nun	vide th	ie infoi f conti	rmation requiributions, the	uired by Part I, e number of ite	lines ems r	3 30b, 32b, and 33 received, or a com	, and whether t bination of both	he organization n. Also complete
SCHEDU	LE M,	PART	I,	COI	LUMN	(B)):						
THE CEI	NTER	REPOR'	rs	THE	NUMI	BER	OF	ITEMS	DONATEI	D (INCLUDING	SHARES	OF
STOCK :	ISSUE	D) IN	PA	RT I	, c	OLUI	MIN ((B).					
												61	M/F 000 (00 :=)
532142 08-21-1	5											Schedule	M (Form 990) (2015)

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BENDER JCC OF GREATER WASHINGTON

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 53-0205921

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THEIR SOCIAL, PHYSICAL, INTELLECTUAL AND SPIRITUAL WELL-BEING THROUGH PROGRAMS OF EXCELLENCE ROOTED IN JEWISH VALUES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FAMILIES, SUCH AS THE PRESCHOOL DANCE AND FAMILY PLAY DATES, AND UNIQUE LEARNING OPPORTUNITIES, SUCH AS OUR GALLERY EXHIBITS AND CURRICULUM NIGHT ARE ALL PART OF THE YEARLY CALENDAR.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: THE EXCITEMENT OF BEING PART OF A DANCE TROUPE WITH THE CENTER'S AUDITION-BASED DANCE GROUPS. TWO WELL-EQUIPPED MIXED MEDIA STUDIOS AND ONE CERAMICS STUDIO OFFERED YOUTH INNOVATIVE ART CLASSES AND WORKSHOPS FOR ALL LEVELS OF ABILITY, INCLUDING CERAMICS, DRAWING, PAINTING, USABLE CRAFTS, AND PUPPETRY. THESE PROGRAMS, AS WELL AS OUR PRIVATE MUSIC LESSONS, ALLOW STUDENTS TO LEARN A NEW SKILL, EXPLORE THEIR CREATIVITY, AND BUILD UPON THEIR TALENT AND TECHNIQUE.

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

ADULT SERVICES

EXPENSES \$ 1,535,410. INCLUDING GRANTS OF \$ 674. REVENUE \$ 475,272.

SPECIAL NEEDS

EXPENSES \$ 532,939. INCLUDING GRANTS OF \$ 900. REVENUE \$ 74,047.

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

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

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

BENDER JCC OF GREATER WASHINGTON

Employer identification number 53-0205921

BOARD MEMBERS, ADAM POLSKY AND NATHAN BORTNICK HAVE A FAMILY RELATIONSHIP

IN ADDITION TO BOARD MEMBERS, ANDREW CHOD AND RANDI K. MEYROWITZ.

FORM 990, PART VI, SECTION A, LINE 4:

THE CENTER REVISED ITS ORGANIZING DOCUMENTS TO REFLECT A CHANGE TO THE CENTER'S LEGAL NAME.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP OF THE CENTER IS DIVIDED INTO TWO CLASSIFICATIONS, ACTIVE

AND SPECIAL MEMBERSHIP. SPECIAL MEMBERS MAY NOT SIT AS MEMBERS ON THE BOARD

OF DIRECTORS, VOTE, OR HOLD OFFICE.

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

ONE HUNDRED ACTIVE MEMBERS CONSTITUTE A QUORUM AND A MAJORITY OF THE QUORUM WILL BE REQUIRED FOR DISAPPROVING ANY MEMBER OF A SLATE OF CANDIDATES FOR THE BOARD OF DIRECTORS PROPOSED BY THE GOVERNANCE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS OR FOR NOMINATING AND ELECTING ANY NON-SLATED MEMBER TO THE BOARD OF DIRECTORS. IF AT ANY SUCH MEETING THERE SHALL BE A FAILURE TO ACHIEVE A QUORUM, THE MEETING WILL BE ADJOURNED.

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

UPON COMPLETION BY AN OUTSIDE ACCOUNTING FIRM, THE FEDERAL FORM 990 IS

REVIEWED BY THE CFO, FOLLOWED BY THE CEO. THE DRAFT FEDERAL FORM 990 IS

THEN PRESENTED TO THE AUDIT COMMITTEE BY THE INDEPENDENT ACCOUNTING FIRM. A

COPY OF THE DRAFT FEDERAL FORM 990 IS THEN DISTRIBUTED TO EACH BOARD MEMBER

FOR REVIEW BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

Name of the organization BENDER JCC OF GREATER WASHINGTON

Employer identification number 53-0205921

CONFLICT OF INTEREST FORMS ARE COMPLETED BY EACH NEW BOARD MEMBER AND KEY
STAFF UPON JOINING THE CENTER. NEW FORMS ARE OBTAINED AT THE BEGINNING OF
EACH FISCAL YEAR FROM CURRENT BOARD MEMBERS AND KEY STAFF, AND THE FORMS
ARE REVIEWED BY THE CEO. ANY BOARD MEMBERS AND KEY STAFF WHO DISCLOSE
POTENTIAL CONFLICTS RECUSE THEMSELVES FROM ANY SUCH DISCUSSIONS AND VOTES.

WITH RESPECT TO POTENTIAL CONTRACTS, AT THE BEGINNING OF ANY DISCUSSION

INVOLVING THESE CONTRACTS, A CALL FOR POTENTIAL CONFLICTS AMONGST BOARD

MEMBERS AND KEY STAFF IS TAKEN PLACE DURING THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

PERFORMANCE EVALUATIONS ARE CONDUCTED ANNUALLY. THE CEO'S PERFORMANCE IS

EVALUATED BY A COMMITTEE OF THE BOARD OF DIRECTORS WHICH IS CHAIRED BY THE

IMMEDIATE PAST-PRESIDENT OF THE BOARD OF DIRECTORS. OTHER KEY EMPLOYEES ARE

EVALUATED BY THE CEO. COMPENSATION OF THE CEO AND CFO ARE DETERMINED BY A

COMMITTEE OF THE BOARD OF DIRECTORS AND IS BASED UPON PERFORMANCE, MARKET

REPORTS AND ANALYSIS. THE LAST COMPENSATION REVIEW WAS PERFORMED IN THE

LAST QUARTER OF FY 2016.

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

THE FEDERAL FORM 990 IS POSTED ON THE CENTER'S WEBSITE IN ADDITION TO GUIDESTAR.ORG AND CHARITYNAVIGATOR.ORG. THE CENTER'S PRIVACY POLICY IS POSTED ON ITS WEBSITE AS WELL. ALL OTHER INFORMATION IS AVAILABLE UPON REQUEST VIA THE "CONTACT US" LINK ON THE WWW.BENDERJCCGW.ORG WEBSITE, BY PHONE, E-MAIL AND/OR IN PERSON.

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

UNRECOGNIZED ACTUARIAL LOSS ON PENSION PLAN

-1,609,012.