

Form **990**

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>JEWISH COMMUNITY CENTER OF GREATER WASHINGTON</b>		<b>D Employer identification number</b> 53-0205921
	Doing Business As		<b>E Telephone number</b> (301) 881-0100
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>6125 MONTROSE ROAD</b>	<b>G Gross receipts \$</b> 14,610,488.	
	City or town, state or province, country, and ZIP or foreign postal code <b>ROCKVILLE, MD 20852</b>		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b>

**F Name and address of principal officer:** MICHAEL FEINSTEIN  
SAME AS C ABOVE

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

**J Website:** WWW.JCCGW.ORG

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

**L Year of formation:** 1923 **M State of legal domicile:** DC

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDES SOCIAL, EDUCATIONAL, CULTURAL & RECREATIONAL PROGRAMS ROOTED IN JEWISH VALUES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	34
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	573
	6 Total number of volunteers (estimate if necessary)	6	900
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	10,414.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,500.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,552,323.	4,971,692.
	9 Program service revenue (Part VIII, line 2g)	7,498,360.	7,735,019.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	390,626.	189,271.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	92,313.	62,702.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,533,622.	12,958,684.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	132,981.	134,598.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,142,010.	6,528,675.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	45,796.	34,063.
	b Total fundraising expenses (Part IX, column (D), line 25)	786,068.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,902,413.	5,059,566.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,223,200.	11,756,902.
19 Revenue less expenses. Subtract line 18 from line 12	310,422.	1,201,782.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 19,337,310.	End of Year 21,124,748.
	21 Total liabilities (Part X, line 26)	7,716,321.	8,160,716.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,620,989.	12,964,032.

**Part II Signature Block**

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

Sign Here	Signature of officer	Date			
	RUTH E. CARSKI, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH	Preparer's signature <i>Frank H. Smith</i>	Date 01/29/15	Check if self-employed <input type="checkbox"/>	PTIN P00639053
	Firm's name RAFFA, P.C.	Firm's address 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036	Firm's EIN 52-1511275	Phone no. (202) 822-5000	

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

**COPY**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: JEWISH COMMUNITY CENTER OF GREATER WASHINGTON (THE CENTER) CREATES A WELCOMING AND INCLUSIVE ENVIRONMENT, CONNECTING THE PEOPLE OF OUR JEWISH COMMUNITY WITH EACH OTHER, ISRAEL AND THE BROADER COMMUNITY. THE CENTER INSPIRES INDIVIDUALS OF ALL AGES AND BACKGROUNDS TO ENHANCE

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

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

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

4a (Code: ) (Expenses \$ 3,538,431. including grants of \$ 90,445.) (Revenue \$ 3,340,803.) HEALTH AND WELLNESS - FROM PERSONAL TRAINING AND PHYSICAL THERAPY, TO PROACTIVE SENIOR HEALTH EDUCATION, THE CENTER IS PROUD TO OFFER MEMBERS OF ALL AGES A NUMBER OF ONGOING WELLNESS PROGRAMS AND ACTIVITIES THAT STRENGTHEN BOTH BODY AND MIND. WITH OVER 40,000 SQUARE FEET, TWO POOLS, AND STATE-OF-THE-ART EQUIPMENT, THE WEINBERG HEALTH & FITNESS CENTER OFFERS COMPREHENSIVE AND CUTTING-EDGE FITNESS OPTIONS.

4b (Code: ) (Expenses \$ 2,424,299. including grants of \$ 20,758.) (Revenue \$ 2,279,704.) EARLY CHILDHOOD - THE CENTER'S PRESCHOOL ENGAGES, CHALLENGES, AND ENRICHES CHILDREN'S EXPLORATION AND LEARNING IN A SAFE, SUPPORTIVE SETTING USING A CARING, NURTURING AND HIGHLY-TRAINED STAFF. A PLAY-BASED CURRICULUM-FOUNDED ON EMERGENT CURRICULUM AND INSPIRED BY THE REGGIO EMILIA APPROACH-ENABLES CHILDREN TO BECOME ACTIVE LEARNERS AND ENGAGED CLASSROOM PARTICIPANTS. INTEREST-BASED TOPIC STUDIES INVITE STUDENTS TO EXPLORE THE WORLD AROUND THEM. CHILDREN ARE ENCOURAGED TO EXPRESS THEMSELVES THROUGH ART AND MUSIC, AND JEWISH VALUES, CUSTOMS, AND TRADITIONS ARE INTEGRATED THROUGHOUT CURRICULUM. IN FY14, APPROXIMATELY 200 STUDENTS AND THEIR FAMILIES WERE SERVED. HOLIDAY-BASED FAMILY CELEBRATIONS SUCH AS PIZZA IN THE HUT FOR SUKKOT AND HANUKKAH SING, FUN SOCIAL OPPORTUNITIES FOR CHILDREN AND THEIR

4c (Code: ) (Expenses \$ 1,987,046. including grants of \$ 23,395.) (Revenue \$ 1,655,775.) CAMP, YOUTH AND TEENS - CAMP JCC OFFERS PROGRAMS THAT BRING OUT THE BEST IN EVERY CAMPER. FROM SWIMMING AND DAY TRIPS TO CREATIVE ARTS, CAMP JCC ALLOWS CAMPERS TO GROW, EXPLORE THEIR STRENGTHS, AND BUILD JEWISH IDENTITY. IN FY14, OVER 600 CAMPERS ATTENDED ONE OR MORE OF OUR THREE SUMMER SESSIONS. THE CAMP THEME FOR THE SUMMER WAS CAMP JCC ROCKS, WITH THE TAGLINE, "CELEBRATING 100 YEARS OF MUSIC," COMBINING AMAZING PROGRAMS WITH THE CENTER-WIDE CELEBRATION OF OUR CENTENNIAL. NEW IN FY14 WAS HABIMAH - A THEATER ARTS CAMP WHERE CAMPERS SPENT THE SUMMER LEARNING ABOUT THEATER FUNDAMENTALS AND PRODUCTION AS WELL AS CREATED TWO PERFORMANCES FOR THE SUMMER. ALSO NEW TO SUMMER 2014, ZAHAV TOOK TO THE ROAD AND TRAVELED TO DIFFERENT LOCATIONS EACH DAY. FROM CANOEING TO ROPES COURSES, BASEBALL GAMES AND EVEN AN OVERNIGHT AT

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,599,201. including grants of \$ 0.) (Revenue \$ 484,580.)

4e Total program service expenses 9,548,977.

**JEWISH COMMUNITY CENTER OF GREATER  
WASHINGTON**

Form 990 (2013)

53-0205921 Page 3

**Part IV Checklist of Required Schedules**

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

Form 990 (2013)

332003  
10-29-13

JEWISH COMMUNITY CENTER OF GREATER WASHINGTON

Form 990 (2013)

53-0205921 Page 4

Part IV Checklist of Required Schedules (continued)

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

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

Form 990 (2013)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	34		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	34		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RUTH E. CARSKI - (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 (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRADLEY C. STILLMAN PRESIDENT	10.00	X		X				0.	0.	0.
(2) ROBYN JUDELSON VP ADMINISTRATION/TREASURER	10.00	X		X				0.	0.	0.
(3) HEIDI HOOKMAN BRODSKY VP DEVELOPMENT	10.00	X		X				0.	0.	0.
(4) ARTHUR POLOTT VP FOR PROGRAMMING	10.00	X		X				0.	0.	0.
(5) MINDY BERGER VP FOR MEMBER SERVICES	10.00	X		X				0.	0.	0.
(6) NEIL GURVITCH VP, GENERAL COUNSEL	10.00	X		X				0.	0.	0.
(7) FELICIA K. GOTTDENKER SECRETARY	10.00	X		X				0.	0.	0.
(8) ANDREW CHOD ASSISTANT SECRETARY	10.00	X		X				0.	0.	0.
(9) BRIAN PEARLSTEIN ASSISTANT TREASURER	10.00	X		X				0.	0.	0.
(10) MONIQUE KORN BUCKLES OMBUDSPERSON	10.00	X		X				0.	0.	0.
(11) ROBERT G. EPSTEIN MEMBER AT LARGE	5.00	X						0.	0.	0.
(12) MATTHEW WEINBERG MEMBER AT LARGE	5.00	X						0.	0.	0.
(13) MICHAEL E. WINER MEMBER AT LARGE	5.00	X						0.	0.	0.
(14) GILLY ARIE BOARD MEMBER	5.00	X						0.	0.	0.
(15) BRENT BERGER, MD BOARD MEMBER	5.00	X						0.	0.	0.
(16) ROBERT I. BLACK BOARD MEMBER	5.00	X						0.	0.	0.
(17) NATHAN BORTNICK BOARD MEMBER	5.00	X						0.	0.	0.

**JEWISH COMMUNITY CENTER OF GREATER WASHINGTON**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANDREW BRIDGE BOARD MEMBER	5.00	X					0.	0.	0.	
(19) BRIAN GAINES BOARD MEMBER	5.00	X					0.	0.	0.	
(20) THE HONORABLE DOUGLAS F GANSLER BOARD MEMBER	5.00	X					0.	0.	0.	
(21) AMY GUBERMAN BOARD MEMBER	5.00	X					0.	0.	0.	
(22) HOLLI BECKERMAN JAFFEE BOARD MEMBER	5.00	X					0.	0.	0.	
(23) RANDI K. MEYROWITZ BOARD MEMBER	5.00	X					0.	0.	0.	
(24) ADAM POLSKY BOARD MEMBER	5.00	X					0.	0.	0.	
(25) HELEN RUBIN BOARD MEMBER	5.00	X					0.	0.	0.	
(26) ANDREW SACHS BOARD MEMBER	5.00	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							572,228.	0.	16,356.	
<b>d Total (add lines 1b and 1c)</b>							572,228.	0.	16,356.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
HEBREW HOME OF GREATER WASHINGTON 6121 MONTROSE ROAD, ROCKVILLE, MD 20852	MAINTENANCE & OTHER OPERATIONS	705,939.
GALI SERVICES, INC., 6931 ARLINGTON ROAD, SUITE B, BETHESDA, MD 20814	CLEANING & HOUSEKEEPING SERVICE	310,457.
JEWISH COMMUNITY CENTER ASSOCIATION, 520 8TH AVENUE, 4TH FLOOR, NEW YORK, NY 10018	MACCABI GAME MGMT & ADVISORY SERVICES	135,543.
COUGHLIN TRANSPORTATION 7961 QUEENAIR DRIVE, GAITHERSBURG, MD 20879	BUS TRANSPORTATION	132,205.
AMERICAN POOL, INC., 9305 GERWIG LANE, SUITE E, COLUMBIA, MD 21046	SWIMMING POOL MANAGEMENT	127,499.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS





**JEWISH COMMUNITY CENTER OF GREATER  
WASHINGTON**

Form 990 (2013)

53-0205921 Page **9**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b> 20,093.					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 409,964.					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 526,274.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 4,015,361.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	173,243.					
	<b>h Total.</b> Add lines 1a-1f		4,971,692.				
	<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM FEES	Business Code 900099	5,235,497.	5,235,497.		
<b>b</b> MEMBERSHIP DUES		900099	2,261,573.	2,261,573.			
<b>c</b> RENTAL INCOME		900099	237,949.	237,949.			
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			7,735,019.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		103,285.			103,285.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	1574354.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	1488368.				
		<b>c</b> Gain or (loss)	85,986.				
	<b>d</b> Net gain or (loss)		85,986.			85,986.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 409,964. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	71,095.				
		<b>b</b> Less: direct expenses	107,985.				
<b>c</b> Net income or (loss) from fundraising events			-36,890.			-36,890.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>	16,050.					
	<b>b</b> Less: direct expenses	1,978.					
	<b>c</b> Net income or (loss) from gaming activities		14,072.			14,072.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	79,316.					
	<b>b</b> Less: cost of goods sold	53,473.					
	<b>c</b> Net income or (loss) from sales of inventory		25,843.	25,843.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS	900099	49,263.			49,263.		
	<b>b</b> ADVERTISING	541800	10,414.	10,414.			
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		59,677.				
<b>12 Total revenue.</b> See instructions.		12958684.	7,760,862.	10,414.	215,716.		

332009  
10-29-13

Form **990** (2013)

**COPY**

**JEWISH COMMUNITY CENTER OF GREATER  
WASHINGTON**

Form 990 (2013)

53-0205921 Page 10

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	134,598.	134,598.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	392,790.	170,531.	150,505.	71,754.
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	5,192,133.	4,321,656.	511,356.	359,121.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	243,430.	208,396.	21,365.	13,669.
9 Other employee benefits	224,343.	192,211.	23,347.	8,785.
10 Payroll taxes	475,979.	391,057.	51,348.	33,574.
11 Fees for services (non-employees):				
a Management				
b Legal	12,497.	11,691.	347.	459.
c Accounting	91,571.		91,571.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	34,063.			34,063.
f Investment management fees	19,781.	18,378.	1,403.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	660,553.	577,721.	77,576.	5,256.
12 Advertising and promotion	133,194.	82,523.	13,791.	36,880.
13 Office expenses	711,518.	565,085.	72,389.	74,044.
14 Information technology	54,523.	40,732.	12,373.	1,418.
15 Royalties				
16 Occupancy	1,887,733.	1,594,007.	235,867.	57,859.
17 Travel	232,899.	228,307.	773.	3,819.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	156,585.	134,893.	20,039.	1,653.
20 Interest	111,605.	104,508.	3,062.	4,035.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	571,955.	536,647.	15,218.	20,090.
23 Insurance	62,235.	58,231.	1,726.	2,278.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM SUPPLIES</b>	140,134.	140,134.		
b <b>MEMBERSHIP DUES</b>	98,461.	11,200.	87,261.	
c <b>MISCELLANEOUS EXPENSES</b>	57,806.	26,311.	30,540.	955.
d <b>BAD DEBT EXPENSE</b>	56,356.			56,356.
e All other expenses	160.	160.		
25 <b>Total functional expenses.</b> Add lines 1 through 24e	11,756,902.	9,548,977.	1,421,857.	786,068.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**JEWISH COMMUNITY CENTER OF GREATER  
WASHINGTON**

Form 990 (2013)

53-0205921 Page 11

**Part X Balance Sheet**

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

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,572,298.	1	1,729,654.		
	<b>2</b> Savings and temporary cash investments .....	614,160.	2	533,869.		
	<b>3</b> Pledges and grants receivable, net .....	1,886,405.	3	3,456,014.		
	<b>4</b> Accounts receivable, net .....	66,623.	4	17,588.		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			6		
	<b>7</b> Notes and loans receivable, net .....			7		
	<b>8</b> Inventories for sale or use .....			8		
	<b>9</b> Prepaid expenses and deferred charges .....	197,972.	9		178,856.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>	17,342,554.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	10,148,584.	7,638,361.	<b>10c</b>	7,193,970.
	<b>11</b> Investments - publicly traded securities .....		2,615,062.	11	3,017,493.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		4,746,429.	12	4,997,304.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			13		
	<b>14</b> Intangible assets .....			14		
	<b>15</b> Other assets. See Part IV, line 11 .....			15		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		19,337,310.	16	21,124,748.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	874,712.	17	825,662.		
	<b>18</b> Grants payable .....		18			
	<b>19</b> Deferred revenue .....	1,642,632.	19	1,787,541.		
	<b>20</b> Tax-exempt bond liabilities .....		20			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....			21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,390,153.	23	2,093,368.		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24			
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,808,824.	25	3,454,145.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,716,321.	26	8,160,716.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	2,158,963.	27	1,109,855.		
	<b>28</b> Temporarily restricted net assets .....	3,180,091.	28	5,493,730.		
	<b>29</b> Permanently restricted net assets .....	6,281,935.	29	6,360,447.		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		30			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32			
<b>33</b> Total net assets or fund balances .....	11,620,989.	33	12,964,032.			
<b>34</b> Total liabilities and net assets/fund balances .....	19,337,310.	34	21,124,748.			

Form 990 (2013)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,958,684.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,756,902.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,201,782.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,620,989.
5	Net unrealized gains (losses) on investments	5	707,903.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-566,642.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,964,032.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **JEWISH COMMUNITY CENTER OF GREATER WASHINGTON** Employer identification number **53-0205921**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3120115.	2425342.	3191653.	3552323.	4971692.	17261125.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	3120115.	2425342.	3191653.	3552323.	4971692.	17261125.
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) .....						3156306.
6 <b>Public support.</b> Subtract line 5 from line 4.						14104819.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....	3120115.	2425342.	3191653.	3552323.	4971692.	17261125.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	47,568.	78,152.	112,892.	100,482.	103,285.	442,379.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	42,811.	143,117.	52,188.	88,220.	49,263.	375,599.
11 <b>Total support.</b> Add lines 7 through 10						18079103.
12 Gross receipts from related activities, etc. (see instructions) .....					12	36,336,325.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	78.02	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	89.98	%
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**Part IV** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

MISCELLANEOUS INCOME

2009 AMOUNT: \$ 42,811.

2010 AMOUNT: \$ 143,117.

2011 AMOUNT: \$ 52,188.

2012 AMOUNT: \$ 88,220.

2013 AMOUNT: \$ 49,263.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

JEWISH COMMUNITY CENTER OF GREATER  
WASHINGTON

Employer identification number

53-0205921

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization 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), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization <b>JEWISH COMMUNITY CENTER OF GREATER WASHINGTON</b>	Employer identification number <b>53-0205921</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,787,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>1,000,010.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>185,591.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>143,757.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>117,016.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>105,908.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> JEWISH COMMUNITY CENTER OF GREATER WASHINGTON	<b>Employer identification number</b> 53-0205921
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 105,699.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>JEWISH COMMUNITY CENTER OF GREATER WASHINGTON</b>	Employer identification number <b>53-0205921</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

<b>Name of organization</b> JEWISH COMMUNITY CENTER OF GREATER WASHINGTON	<b>Employer identification number</b> 53-0205921
--	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

**COPY**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization JEWISH COMMUNITY CENTER OF GREATER WASHINGTON

Employer identification number 53-0205921

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (2a-2d), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets, and amounts required to be reported.

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,920,089.	7,589,099.	7,625,978.	7,193,789.	6,877,361.
b Contributions	78,512.	-23,052.	377,431.	64,916.	174,781.
c Net investment earnings, gains, and losses	803,300.	725,064.	-83,043.	707,251.	718,012.
d Grants or scholarships					
e Other expenditures for facilities and programs	358,407.	353,540.	317,149.	339,978.	576,365.
f Administrative expenses	22,287.	17,482.	14,118.		
g End of year balance	8,421,207.	7,920,089.	7,589,099.	7,625,978.	7,193,789.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  8.14 %
- b Permanent endowment  75.53 %
- c Temporarily restricted endowment  16.33 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		15,680,567.	8,761,674.	6,918,893.
d Equipment		286,995.	144,344.	142,651.
e Other		1,374,992.	1,242,566.	132,426.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,193,970.



**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) UNITED JEWISH ENDOWMENT		
(B) FUND	4,957,092.	END-OF-YEAR MARKET VALUE
(C) CERTIFICATE OF DEPOSIT	40,212.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>4,997,304.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	36,344.
(3) ACCRUED PENSION OBLIGATION	3,311,251.
(4) DEPOSITS PAYABLE	106,550.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>3,454,145.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	13,686,766.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	707,903.	
b	Donated services and use of facilities	2b	20,179.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	728,082.	
3	Subtract line 2e from line 1		3	12,958,684.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	12,958,684.

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

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

1	Total expenses and losses per audited financial statements		1	11,777,081.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	20,179.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	20,179.	
3	Subtract line 2e from line 1		3	11,756,902.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,756,902.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE CENTER USES ITS ENDOWMENT FUNDS AS RESTRICTED BY THE DONORS. THE BOARD DESIGNATED ENDOWMENT IS USED AS NEEDED FOR NEW INITIATIVES AND TO COVER OPERATING CASH SHORTFALLS AS APPROVED BY THE BOARD OF DIRECTORS.

**PART X, LINE 2:**

FOR THE YEAR ENDED JUNE 30, 2014 NO PROVISION FOR INCOME TAXES WAS MADE AS THE CENTER HAD NO NET UNRELATED BUSINESS INCOME AND DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION OR DISCLOSURE IN THESE FINANCIAL STATEMENTS.





JEWISH COMMUNITY CENTER OF GREATER

Schedule G (Form 990 or 990-EZ) 2013 WASHINGTON

53-0205921 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		DINNER OF CHAMPIONS	GOLF/TENNIS TOURNAMENT	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	300,291.	99,155.	81,613.	481,059.
	2	Less: Contributions	268,291.	73,915.	67,758.	409,964.
	3	Gross income (line 1 minus line 2)	32,000.	25,240.	13,855.	71,095.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		225.		225.
	6	Rent/facility costs		26,650.		26,650.
	7	Food and beverages	39,693.	2,800.	16,430.	58,923.
	8	Entertainment			6,350.	6,350.
	9	Other direct expenses	200.	15,093.	544.	15,837.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				107,985.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-36,890.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes		1,978.	1,978.
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 85.00 % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				1,978.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				14,072.

9 Enter the state(s) in which the organization operates gaming activities: MD  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

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

JEWISH COMMUNITY CENTER OF GREATER

Schedule G (Form 990 or 990-EZ) 2013 WASHINGTON

53-0205921 Page 3

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

<b>13a</b>	100.00	%
<b>13b</b>		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ RUTH E. CARSKI

Address ▶ 6125 MONTROSE ROAD - ROCKVILLE, MD 20852

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ JODI SHULIMSON

Gaming manager compensation ▶ \$ 2,050.

Description of services provided ▶ THE EVENT MANAGER IS RESPONSIBLE FOR MANAGING EVENT LOGISTICS, SERVING AS THE STAFF LIAISON TO THE VOLUNTEER COMMITTEE, ORDERING SUPPLIES AND PROVIDING THE DAY OF EVENT OVERSIGHT.

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: DAVID VALINSKY ASSOCIATES, LCC

(I) ADDRESS OF FUNDRAISER: 344 SOUTH MERKLE ROAD, COLUMBUS, OH 43209

**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" to Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

Name of the organization **JEWISH COMMUNITY CENTER OF GREATER  
WASHINGTON**

**Employer identification number  
53-0205921**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

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

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

Schedule I (Form 990) (2013)

JEWISH COMMUNITY CENTER OF GREATER

WASHINGTON

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MEMBERSHIP AND PROGRAM SCHOLARSHIPS TO THE NEEDY	324	0.	134,598.	FMV	REDUCTION IN MEMBERSHIP DUES AND PROGRAM TUITION FOR PRESCHOOL, CAMP, DANCE CLASSES AND MUSIC LESSONS

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

**PART I, LINE 2:**

SCHOLARSHIP FUNDS PROVIDED BY THE CENTER ARE FOR THE CENTER'S PROGRAMS INCLUDING ECC TUITION, CAMP TUITION, AND OTHER MISCELLANEOUS PROGRAM SCHOLARSHIPS. IN THE EVENT THAT A SCHOLARSHIP RECIPIENT DROPS OR CANCELS A CLASS, THE SCHOLARSHIP FUNDS ARE REVOKED AND OFFERED TO THE NEXT PERSON ON THE SCHOLARSHIP LIST. SCHOLARSHIPS ARE NOT OFFERED FOR NON-CENTER PROGRAMS.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **JEWISH COMMUNITY CENTER OF GREATER WASHINGTON**

Employer identification number  
**53-0205921**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported in 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 .....	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2013

**JEWISH COMMUNITY CENTER OF GREATER  
WASHINGTON**

Schedule J (Form 990) 2013

53-0205921

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL FEINSTEIN CHIEF EXECUTIVE OFFICER	(i)	223,818.	0.	0.	0.	7,449.	231,267.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **JEWISH COMMUNITY CENTER OF GREATER WASHINGTON** Employer identification number **53-0205921**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	94,743.	SALES PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	6	78,500.	FAIR MARKET VALUE
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

**Part II**

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

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization  
JEWISH COMMUNITY CENTER OF GREATER  
WASHINGTON

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:

HERSHEY PARK, ZAHAV HAD AN INCREDIBLE SUMMER. ALSO IN FY14, CAMP JCC  
WAS SELECTED TO PARTICIPATE IN THE JCCA'S PILOT "SONG-LEADER BOOT CAMP"  
PROGRAM LEAD BY JEWISH ROCK STAR, RICK RECHT. IN ADDITION TO PROVIDING  
TRAINING AND MENTORING, RECHT SPENT TWO DAYS ONSITE PERFORMING FOR AND  
WITH OUR CAMPERS AND STAFF.

PARTICIPATING IN OUR AFTER-SCHOOL PROGRAM ALLOWED STUDENTS IN GRADES  
K-6 TO SOCIALIZE WITH FRIENDS, COMPLETE HOMEWORK WITH STAFF ASSISTANCE  
AND STAY ACTIVE THROUGH A VARIETY OF SUPERVISED ACTIVITIES. YOUTH ALSO  
HAD THE OPPORTUNITY TO PARTICIPATE IN OUR COMPREHENSIVE CHILDREN'S  
DANCE CLASSES IN BALLET, TAP, JAZZ, HIP-HOP, AND MORE AND TO EXPERIENCE  
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

Name of the organization JEWISH COMMUNITY CENTER OF GREATER  
WASHINGTON

Employer identification number  
53-0205921

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 \$ 1,154,071. INCLUDING GRANTS OF \$ 0. REVENUE \$ 430,842.

SPECIAL NEEDS

EXPENSES \$ 445,130. INCLUDING GRANTS OF \$ 0. REVENUE \$ 53,738.

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

BOARD MEMBERS, ADAM POLSKY AND NATHAN BOTNICK HAVE A FAMILY  
RELATIONSHIP IN ADDITION TO BOARD MEMBERS, ANDREW CHOD AND RANDI K.  
MEYROWITZ.

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.

Name of the organization JEWISH COMMUNITY CENTER OF GREATER  
WASHINGTON

Employer identification number  
53-0205921

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:

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  
WHICH 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  
CHAIRD 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.

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



Name of the organization JEWISH COMMUNITY CENTER OF GREATER WASHINGTON	Employer identification number 53-0205921
---	--

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.JCCGW.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 -566,642.