Part III       Statement of Program Service Accomplishments         Check IT Schedule Contains a response on role to any line in this Part III       Image: Contains a response on role to any line in this Part III         I Bridly describe the organization's measure:       EDUCATE AND RAISE AWARENESS OF JENISH CULTURE, RELIGION AND CURRENT ISSUES         I The organization undertake any significant program services during the year which were not lided on the provement of the organization cases conducting, or make significant changes in how it conducts, any program services?       Yes X       No         I Wes: (account between new services on Schedule O.       3 Od the organization cases conducting, or make significant changes in how it conducts, any program services?       No       Yes X       No         I Wes: (account between new services on Schedule O.       4 Describe the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 20 (organizations are accounts) for each of the Brown services?       Yes X       No         I Wes: (account between new services accomplicitients) for each of the Brown services and allocations to others, the total expenses, and revenue, if any, for each program service exported.       A (Code:) (Expenses \$) (Fevenue \$) (Fevenue \$)         I BUCATE AND RAISE AWARENESS OF JENISH CULTURE, RELIGION AND CURRENT ISSUES       A (Code:) (Expenses \$) (Fevenue \$	Form	1990 (2016) JEW IN THE CIT	Y A NJ NONPROFIT	47-1404218 Page <b>2</b>
1       Briefly describe the organization's mission:         EDUCATE, AND. RAISE, AWARENESS, OF JEWISH, CULTURE, RELIGION, AND CURRENT, ISSUES         2       Did the organization undertake any significant program services ouring the year which were not listed on the prior         7       rom 390 or 990-E22.         1       Yest, Generice here new services, on Schedule 0.         3       Did the organization cases conducting, or make significant changes in how it conducts, any program services?         1       Yest, Generice these thanges on Schedule 0.         4       Yest, Generice these interactions on Schedule 0.         1       Yest, Generice the organization cases conducting, or make significant changes in how it conducts, any program services, the measured by organises, and revenue, if any, for each program service reported.         4a (Code:       ) (Expenses \$ 198, 793, including grants of \$ ) (Revenue \$ 249, 188, )         EDUCATE, AND RAISE, AWARENESS, OF JEWISH CULTURE, RELIGION AND CURRENT ISSUES         2       (Code:) (Expenses \$	Par			
EDUCATE, AND, RAISE, AMARENESS, OF, JENISH, CULTURE, RELIGION, AND, CURRENT, ISSUES         2       Did the organization undertake any significant program services during the year which were not listed on the proc form 990 or 990 E22.       IVE       No         1       Text, describe these news services on Schedule 0.       1       Yes, "Security the organization coese conducting, or make significant changes in how it conducts, any program services?				·····
2       Did the organization undertake any significant program services during the year which were not listed on the prior more 990 e-527. <pre></pre>	1			
Form 990 or 990-E22.       Image: Section 11 million of the organization case conducting, or make significant changes in how it conducts, any program services?       Image: Section 11 million of the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and adlocations to others, the total expenses, and trevenue, if any, for cardin program services (Dependence in profile)         4a (Code:		EDUCATE AND RAISE AWAR	<u>ENESS OF JEWISH CULTURE, RELIGION</u>	AND CURRENT ISSUES
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If "Yes," describe these new services on Schedule 0.       If "Yes," describe these changes on Schedule 0.         3 Dd the organization cases complexity with the significant changes in how it conducts, any program services, as measured by expenses.         4 Section SDI(c)(5) and SDI (c)(6) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplexity ments for each of its three torget zhong an services, the total expenses, and revenue, if any, for each program services complexity the total expenses.         4a (Code:) (Expenses \$	-			· · · · · · · · · · · · · · · · · · ·
<ul> <li>3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li></ul>				
If Yes,' describe these changes on Schedule 0. 4 Describe these changes on Schedule 0. 4 Sector 5010(2)(3) and 5010(2)(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. 4 a (Code:) (Expenses \$ 198, 793, including grants of \$) (Revenue \$ 249, 188, ) EDUCATE AND RAISE AWARENEES OF JEWISH CULTURE, RELIGION AND CURRENT ISSUES  4 b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4 b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4 c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4 d (Cher program services (Describe in Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$) 4 d Other program services (Describe in Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$) 4 d Other program services (Describe in Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$) 4 d Other program services (Describe in Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$) 4 d Total program services (Describe in Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$)	3			y program services? Yes X No
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and revenue, if any, for each program service reported.         4a (Code:) (Expenses \$ 198, 793, including grants of \$) (Revenue \$ 249, 188.)         EDUCATE AND RAISE AWARENESS OF JEWISH CULTURE, RELIGION AND CURRENT ISSUES         4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)	4	Describe the organization's program	service accomplishments for each of its three largest	program services, as measured by expenses.
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 Form 990 (2016)
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 Part IV
 Checklist of Required Schedules

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

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Form 990 (2016) JEW IN THE CITY A NJ NONPROFIT Part IV Checklist of Required Schedules (continued)

1 01	Checkist of Required Schedules (continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
Ł	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	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? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
34	and Part V, line 1	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
Ł	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		Х
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Page 4

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Form	990 (2016) JEW IN THE CITY A NJ NONPROFIT 47-140421	8	F	Page 5
Par		-		
	Check if Schedule O contains a response or note to any line in this Part V			🔲
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	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)?	4 a		Х
b	If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 g 7 h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring	711		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11 a			
b	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
-	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	000	(001.0)
BAA	TEEA0105L 11/16/16	rorm	990	(2016)

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. Х

		Check if Schedule O	contains a resp	oonse or note to	any line	in this Part VI
--	--	---------------------	-----------------	------------------	----------	-----------------

Sec	tion A. Governing Body and Management								
		Y	/es	No					
1 a	a Enter the number of voting members of the governing body at the end of the tax year 1 a 3								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
	b Enter the number of voting members included in line 1a, above, who are independent 1b 3								
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X					
k	• Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
a	a The governing body?	8 a		Х					
Ł	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b		Х					
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O									
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Co	ode.)					
		Y	/es	No					
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х					
Ł	<b>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?	10 b							
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х						
Ł	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O								
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		Х					
Ł	were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
C	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c							
	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14		Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
a	a The organization's CEO, Executive Director, or top management official	15a		Х					
Ł	b Other officers or key employees of the organization	15b		Х					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).								
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х					
Ł	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?	16 b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NJ NY								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.	only) a	vaila	able					
	X         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 availa the public during the tax year. SEE SCHEDULE O	ble to							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	ALLISON JOSEPHS PO BOX 2168 TEANECK NJ 07666 (646) 491-3815								

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Form 990 (2016) JEW IN THE CITY A NJ N	IONPROF	TIT							47-14042	
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
Check if Schedule O contains a response of	or note to	anv	line	in t	his	Part	VII.			
	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
<b>1 a</b> 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.										
<ul> <li>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.</li> </ul>										
• List all of the organization's current key employed	• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'									
• List the organization's five <b>current</b> 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 <b>former</b> officers, key of reportable compensation from the organization and any	related or	ganiz	atior	ıs.						han \$100,000
<ul> <li>List all of the organization's former directors or truster organization, more than \$10,000 of reportable compen-</li> </ul>										
List persons in the following order: individual trustees employees; and former such persons.	or directo	rs; in	stitu	utior	nal t	ruste	es;	officers; key emp	loyees; highest con	npensated
Check this box if neither the organization nor any related	ed organiz	ation	con	iper	isate	ed an	y cu	irrent officer, direct	or, or trustee.	
		_		(C)						
(A) Name and Title	(B) Average hours per	thar	n one s both	box, an c	unles	eck moss pers and a ee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week	Indiv or di	Instit	Officer	Key employee	Highest co employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	(list any hours for related organiza-	recto	utior	ğ	empl	est c loyee	ner			and related organizations
	organiza- tions below	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				
	dotted line)	tee	ustee			ensat				
(1) SARAH HOFTSETTER	1		~~			ed	-			
TREASURER	0	х						0.	0.	0.
(2) MAYER FERTIG	1	21						0.		
DIRECTOR	0	Х						0.	0.	0.
(3) ALLISON JOSEPHS	60									
PRESIDENT & CEO	0			Х				77,500.	0.	0.
(6)										
(9)										
(10)										
(11)										
(12)										

(13)

(14)

BAA

Form 990 (2016)

# Form 990 (2016) JEW IN THE CITY A NJ NONPROFIT

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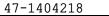
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(B) (C)												
	(A) Name and title	Average hours per week	hours box, unless person is both an per officer and a director/trustee compensation from compensation from control to					amou	(F) stimated unt of other opensation			
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	(W-2/1099-MISC)	fr org	rom the anization d related		
		related organiza - tions	idual tr	ional	<u>-</u>	nploy	it com /ee	Former				anizations
		below dotted line)	ustee	truste		99	pensa					
				<ul><li>U</li></ul>			ted					
<u>(15)</u>												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b	Sub-total							•	77,500.	0.		0.
С	Total from continuation sheets to Part VII, Section	on A							0.	0.		0.
	Total (add lines 1b and 1c)							•	77,500.	0.		0.
	Total number of individuals (including but not limited from the organization <b>b</b> 0	to those I	isted a	above	e) w	/ho r	receiv	ved	more than \$100,00	U of reportable com	ipensatior	1
2								I-	:			Yes No
3	Did the organization list any <b>former</b> officer, direct on line 1a? If 'Yes,' complete Schedule J for sucl	tor, or tru h <i>individu</i>	stee, Ial	кеу	em	рюу 	/ee,	or n 	lignest compensa		3	Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab r than \$1	le con 50,00	npen 0? <i>li</i>	nsat f 'Yo	tion es,'	and <i>com</i>	oth Iple	er compensation te Schedule J for	from	4	v
5	such individual Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e comper	satior	n froi	m a	anvi	unre	late	d organization or	individual		X
	ion B. Independent Contractors	, compre		louu			540	,				
1	Complete this table for your five highest compens compensation from the organization. Report compens	sated inde sation for	epend the ca	lent o lenda	con ar v	itrac 'ear	ctors endii	tha ng v	t received more the transformed to the termination of term	han \$100,000 of ganization's tax yea	ar.	
	(A) Name and business addr				u. j		orran		(B) Description	-		<b>c)</b> Insation
											· ·	
	Total number of independent contractors (including b \$100.000 of compensation from the organization		ited to	thos	se lis	sted	l abo	ve)	who received more	than		

# Form 990 (2016) JEW IN THE CITY A NJ NONPROFIT

# Part VIII Statement of Revenue

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

			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
2 1 a	Federated campaigns	1a				
5 b	Membership dues	1b				
c	Fundraising events	1c				
d	Related organizations	1 d				
e	e Government grants (contributions)	1e				
	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-	<b>1f</b> 249,188.				
h h	<b>Total.</b> Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	249,188.			
		Business Code				
2 a	a					
b						
С	;					
d	1					
е	;					
	All other program service revenue					
g	<b>g Total.</b> Add lines 2a-2f					
3	Investment income (including div	idends, interest and				
	other similar amounts) Income from investment of tax-ex					
4	Royalties					
5	(i) Re					
6 a	Gross rents		•			
	Less: rental expenses		•			
	Rental income or (loss)					
	Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·				
	a Gross amount from sales of (i) Secur					
1 4	assets other than inventory					
b	Less: cost or other basis					
	and sales expenses					
	Gain or (loss)					
d	Net gain or (loss)	····· •				
8 a	a Gross income from fundraising ev (not including\$ of contributions reported on line					
	See Part IV, line 18					
	Less: direct expenses					
С	: Net income or (loss) from fundrai	sing events ►				
9 a	Gross income from gaming activi	ties.				
	See Part IV, line 19					
	Less: direct expenses					
	: Net income or (loss) from gaming					
	Gross sales of inventory, less ret and allowances     Less: cost of goods sold	a				
	Net income or (loss) from sales of					
	Miscellaneous Revenue	Business Code				
11 a	1					
b						
c	;					
-	All other revenue					
e	e Total. Add lines 11a-11d					
1	Total revenue. See instructions	•	249,188.	0.	0	



Page 9

Π

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 re		<b>v</b>	1	
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	77,500.	62,000.	7,750.	7,750.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	46,949.	42,617.	4,332.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		,		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
i	a Management				
	<b>b</b> Legal	4,500.		4,500.	
	c Accounting	2,500.		2,500.	
	d Lobbying.	270001		270001	
	e Professional fundraising services. See Part IV, line 17				
	f Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule 0.)	3,000.	3,000.		
	Advertising and promotion.	10,979.	10,979.		
13	Office expenses	2,070.	1,656.	311.	103.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	3,504.	3,000.	504.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,708.	2,011.	697.	
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.)				
i	<sup>2</sup> <u>VIDEO_PRODUCTION</u>	41,223.	41,223.		
	PROGRAM COSTS	17,669.	17,669.		
	• WEB_FEES	12,622.	12,622.		
	d TELEPHONE	6,222.	1,728.	4,494.	
	e All other expenses	1,648.	288.	469.	891.
25		233,094.	198,793.	25,557.	8,744.
26	· · ·				
RA/					Form <b>990</b> (2016)

# Form 990 (2016) JEW IN THE CITY A NJ NONPROFIT Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	57,113.	1	78,268.
	2	Savings and temporary cash investments.		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		F	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		5	
	-			6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10 c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	57,113.	16	78,268.
	17	Accounts payable and accrued expenses	2,413.	17	7,474.
	18	Grants payable		18	
	19	Deferred revenue		19	
~	20	Tax-exempt bond liabilities		20	
tie	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	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	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	2,413.	26	7,474.
s		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
8		lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets.	54,700.	27	70,794.
Ba	28	Temporarily restricted net assets.		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
5		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
ŝŝ	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	
tΑ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances.	54,700.	33	70,794.
BA	34	Total liabilities and net assets/fund balances	57,113.	34	78,268. Form <b>990</b> (2016

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		1404218	Р	age <b>12</b>
Pai	t 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	249,	188.
2	Total expenses (must equal Part IX, column (A), line 25).	2	233,	094.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,	094.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,	700.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
_	column (B))	10	70,	794.
Pai	t 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: X Cash Cash Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
28	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a		
ł	Were the organization's financial statements audited by an independent accountant?		2 b	Х
-	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: Separate basis Consolidated basis Both consolidated and separate basis			
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
38	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Х
ł	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
BAA			Form 990	(2016)

		Public Chari	ty Status and P	ublic	Supp	oort	OMB No. 1545-0047
SCHEDULE A (Form 990 or 990-EZ)	Com	4947(a	tion is a section 501(c) (1) nonexempt charita ch to Form 990 or Forr	able trus	t.	or a section	2016
Department of the Treasury Internal Revenue Service	► Inf	ormation about Sche	edule A (Form 990 or 99 at www.irs.gov/form99	90-EZ) a		structions is	Open to Public Inspection
Name of the organization		CITY A NJ NOM	5			Employer identific	
	ORPORATION		rganizations must	comple	to thic	47-140421	-
The organization is not			<b>o</b>			1 7	
5		· · · · · · · · · · · · · · · · · · ·	hurches described in <b>sec</b>		,	,	
			Schedule E (Form 990 o				
	•		ization described in <b>se</b>				
4 A medical res	-		unction with a hospital			tion 170(b)(1)(A)(iii). E	Inter the hospital's
5 An organizati	on operated for • <b>)(1)(A)(iv).</b> (Co	the benefit of a colle	ege or university owned			a governmental unit de	escribed in
-, H	-	-	ental unit described in s				
An organizatio	n that normally r 0(b)(1)(A)(vi).(	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	t or from the general pu	blic described
8 A community	trust described	in section 170(b)(1)(	A)(vi). (Complete Part	II.)			
	r a non-land-grar	nt college of agriculture	ction 170(b)(1)(A)(ix) oper e (see instructions). Ente	r the nan			
· · · · · · · · · · · · · · · · · · ·			33-1/3% of its support f		ributions	membership fees and	aross receipts
from activities	s related to its e come and unrel	exempt functions-sul	bject to certain exception e income (less section	ons. and	(2) no r	nore than 33-1/3% of i	its support from aross
— ·	-		ely to test for public saf	-			
or more publi	cly supported o	rganizations describe	ely for the benefit of, to ed in <b>section 509(a)(1)</b> of upporting organization	or <b>sectio</b>	n 509(a)	)(2). See section 509(a	ut the purposes of one ()(3). Check the box in
organization(s	orting organization the power to repower to the total states of total	gularly appoint or elect	d, or controlled by its sup t a majority of the directo	pported o ors or trus	rganizat stees of t	ion(s), typically by giving he supporting organizati	g the supported on. <b>You must</b>
management of	pporting organiz of the supporting <b>te Part IV, Secti</b>	organization vested in	controlled in connection the same persons that c	with its control or	support manage	ed organization(s), by the supported organizat	having control or ion(s). <b>You</b>
c Type III function	onally integrated. s) (see instruction	. A supporting organizat ons). <b>You must com</b>	tion operated in connectio plete Part IV, Sections	on with, ai <b>A. D. an</b>	nd functio d E.	onally integrated with, its	supported
d Type III non-fu	<b>inctionally integr</b> integrated. The c	rated. A supporting org	anization operated in co must satisfy a distribu must and D, and Part V.	nnection	with its s	supported organization(s t and an attentiveness	) that is not requirement (see
e Check this bo	x if the organiz	ation received a writt	en determination from	the IRS	that it is	а Туре I, Туре II, Тур	e III functionally
			supporting organization				
	3	n about the supported	d organization(s).				·
(i) Name of supported of	rganization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed overning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
<u>(B)</u>							
(C)							
(D)							
(E)							
Total							
RAA For Papanwork P	aduction Act N	atica can the Instruc	tions for Form 990 or	000 E7		Schodulo A (Eo	rm 990 or 990 E7) 2016

Schedule A (Form 990 or 990-EZ) 2016	JEW	IN	THE	CITY	А	NJ	NONPROFIT	

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

Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
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)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	vities, etc. (see in	structions)			12			
13	First five years. If the Form 990 is organization, check this box and						►		
Sec	tion C. Computation of Pu	blic Support F	Percentage						
	Public support percentage for 20		••••••				%		
15	Public support percentage from	2015 Schedule A	Part II, line 14.			15	%		
16a	16a 33-1/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization►								
b	<b>b</b> 33-1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test. check this	box and stop he	re. Explain in Part	VI how		
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and <b>stop he</b> a publicly support	re. Explain in Part ed organization.	: VI how the		
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►		
BAA					Sc	hedule A (Form 99	0 or 990-EZ) 2016		

Schedule A (Form 990 or 990-EZ) 2016

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# Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) ►	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		5,000.	95,347.	203,184.	249,188.	552,719.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.		5,000.	35,347.	203,104.	249,100.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
-	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	0.	5,000.	95,347.	203,184.	249,188.	552,719.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year.	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)						552,719.
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) ►		<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	5,000.	95,347.	203,184.	249,188.	<u>552,719.</u> 0.
-	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	0.	5,000.	95,347.	203,184.	249,188.	552,719.
	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3	)
	tion C. Computation of Pu		•				
	Public support percentage for 20	•					<u>%</u>
	Public support percentage from					16	olo
	tion D. Computation of Inv						
17	Investment income percentage f			-			010
18	Investment income percentage f						00
	<b>33-1/3% support tests – 2016.</b> If is not more than 33-1/3%, check	this box and <b>stop</b>	<b>o here.</b> The organi	zation qualifies a	s a publicly supp	orted organization	
	<b>33-1/3% support tests—2015.</b> If the line 18 is not more than 33-1/3%	6, check this box a	and <b>stop here.</b> The	e organization qu	alifies as a public	ly supported organ	ization 🕨
20	Private foundation. If the organi	zation did not che	ck a box on line 1	4, 19a, or 19b, c	heck this box and	see instructions.	►
BAA			TEEA0403L	09/28/16	Sc	hedule A (Form 99	0 or 990-EZ) 2016

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

10a

10b

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
governing body of a supported organization?	11a		1
<b>b</b> A family member of a person described in (a) above?	11b		I
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		

#### 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.* 

## Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No.' describe in <b>Part VI</b> how control or management of the			
	upporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

## Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

## 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organization how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

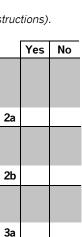
3h

Yes

1

2

No



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	<u> </u>	v. 20, 1970 (explain ir complete Sections A	
ection A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8		
ection B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	t		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		_
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		_
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	· · · · ·
Section D – Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt	purposes		
2 Amounts paid to perform activity that directly furthers exempt purpos in excess of income from activity	es of supported organization	S,	
3 Administrative expenses paid to accomplish exempt purposes o	f supported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in <b>Part VI</b> ). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organi in <b>Part VI</b> ). See instructions.	zation is responsive (provide	details	
9 Distributable amount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<u>a</u>			
b			
c From 2013			
<b>d</b> From 2014			
e From 2015			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
а			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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Schedule A (Form 990 or 990-EZ) 2016

# **Schedule of Contributors**

OMB No. 1545-0047

or 990-PF)				2016		
Department of the Treasury Internal Revenue Service	Information about Sch	Attach to Form 990, Form 990-EZ, or Form 990-PF. edule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/	2010			
Name of the organization JEW	IN THE CITY A	NJ NONPROFIT	Employer iden	tification number		
	PORATION		47-1404218			
Organization type (check	k one):		-			
Filers of:		Section:				
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	private foun	dation		
		527 political organization				
Form 990-PF		501(c)(3) exempt 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.

501(c)(3) taxable private foundation

#### General Rule

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

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

### **Special Rules**

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

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

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

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

BAA 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) (2016)