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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ΑI	For the	2013 calendar year, or tax year beginning and ending	l garantania	
В	Check if applicable	C Name of organization	D Employer identifi	cation number
á	applicable			
	Addres change	NECHAMA - JEWISH DISASTER RESPONSE		
	Name change	Doing Business As	41-1	998750
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r
	Termin			732-0610
	Ameno		G Gross receipts \$	1,084,199.
	Application	ST. LOUIS PARK, MN 55416	H(a) Is this a group re	
	pendir	F Name and address of principal officer:GENE BOROCHOFF	for subordinates	
		4485 DUNKIRK LANE NORTH, PLYMOUTH, MN 554	46 H(b) Are all subordinates in	
T-	Tax-exe	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or □		list. (see instructions)
		e: ► WWW.NECHAMA.ORG	H(c) Group exemption	,
				A State of legal domicile: MN
		Summary		<u> </u>
_	1	Briefly describe the organization's mission or most significant activities: PROVIDE	NATURAL DISAS	TER
ũ		PREPAREDNESS, RESPONSE AND RECOVERY SERVICES	NATIONWIDE.	
Governance		Check this box Fig. if the organization discontinued its operations or disposed of i		ssets.
Š			3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)		11
S		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		8
įį		Total number of volunteers (estimate if necessary)		1500
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		28.
⋖		Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)	538,625.	1,084,171.
ğ		Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	42,990.	28.
~		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,978.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	586,593.	1,084,199.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	l		167,529.	307,598.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
, be	b ·	Total fundraising expenses (Part IX, column (D), line 25) 19,922.		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	177,107.	411,675.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	344,636.	719,273.
		Revenue less expenses. Subtract line 18 from line 12	241,957.	364,926.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	447,959.	826,085.
t As	21	Total liabilities (Part X, line 26)	5,746.	14,157.
		Net assets or fund balances. Subtract line 21 from line 20	442,213.	811,928.
	art II	Signature Block		
		lties of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
		Circulum of effects	Data	
Sig	n	Signature of officer	Date	
Her	e e	GENE BOROCHOFF, PRESIDENT		
		Type or print name and title	I Data	II DTIN
_		Print/Type preparer's name Preparer's signature	Date Check If	PTIN
Pai		DAVID D. BRAUER	self-employ	
	parer	Firm's name LURIE BESIKOF LAPIDUS & COMPANY, LI	P Firm's EIN	41-0721734
Use	Only	Firm's address 2501 WAYZATA BOULEVARD	, .	10\200 1101
		MINNEAPOLIS, MN 55405-2197	Phone no. (6	12)377-4404
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO BRING COMFORT TO PEOPLE IMPACTED BY NATURAL DISASTERS BY PREPARING,
	EQUIPPING, AND LEADING VOLUNTEERS TO ASSIST COMMUNITIES WITH DISASTER
	RESPONSE AND RECOVERY. OUR WORK IS GUIDED BY THE JEWISH VALUE OF
	TIKKUN OLAM, HUMANKIND'S RESPONSIBILITY TO REPAIR THE WORLD THROUGH
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 298, 399 including grants of \$) (Revenue \$ 0 .
	DISTASTER RESPONSE
	NECHAMA MOBILIZED VOLUNTEERS TO PROVIDE DIRECT CLEANUP ASSISTANCE TO
	INDIVIDUALS AND COMMUNITIES BY WATER AND WIND DISTASTERS ACROSS 6
	STATES.
	SERVICES WERE PROVIDED FREE OF CHARGE AND INCLUDED REMOVING STANDING
	WATER FROM BASEMENTS, CLEARING DEBRIS FROM INSIDE AND AROUND HOMES,
	ROOF TARPING, AND TREE REMOVAL. NECHAMA ALSO MADE ITS TOOLS AND
	EQUIPMENT AVAILABLE FOR USE TO OTHER ORGANIZATIONS, MULTIPLYING THE
	SPEED AND EFFECTIVENESS OF RESPONSE.
	DROUTED VARIOUS DISAGRED DELIER DO DUE ROLLOWING SMARRS, AMIANTIC STRV
	PROVIDED VARIOUS DISASTER RELIEF TO THE FOLLOWING STATES: ATLANTIC CITY
	(NJ), BRICK (NJ), BALDWIN (NY), FREEPORT (NY), STATEN ISLAND (NY),
4b	(Code:) (Expenses \$ 339,780 · including grants of \$) (Revenue \$)
	PROVIDED DIRECT REPAIR AND REBUILD ASSISTANCE TO HOUSEHOLDS IMPACTED BY
	HURRICANE SANDY IN THE GREATER NEW YORK REGION. NECHAMA WORKED WITH
	CLOSELY WITH OTHER COMMUNITY ORGANIZATIONS AND CASE MANAGERS IN ORDER
	TO IDENTIFY THOSE WHO WERE MOST VULNERABLE AND IN NEED AND WHO DID NOT
	HAVE THE FINANCIAL MEANS TO COMPLETE THE NECESSARY REPAIRS. NECHAMA
	ALSO WORKED WITH FUNDERS TO PROVIDE ADDITIONAL RESOURCES FOR BUILDING
	MATERIALS WHEN POSSIBLE.
	TATERTADO WILLIA TODOTODO.
4c	(Code:) (Expenses \$ 10,044. including grants of \$) (Revenue \$
	DISASTER PREPAREDNESS
	PROVIDED FREE PRE- AND POST-DISASTER TRAINING RELATED TO CLEANUP,
	CHAINSAW OPERATION, SAFETY, REPAIR WORK, AND VOLUNTEER MANAGEMENT TO
	THOUSANDS OF INDIVIDUAL VOLUNTEERS AND OTHER ORGANIZATIONS, EXTENDING
	ITS EXPERTISE TO THE BROADER RESPONSE COMMUNITY.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
_4e	Total program service expenses ▶ 648,223.
	Form 990 (2013

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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			Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		21
3	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		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? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		21
IJ	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 23
10	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(0046)

Form **990** (2013)

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	21		Х
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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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		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	33		Х
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	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		_	α	

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				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 14	:						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming							
	(gambling) winnings to prize winners?	,	1c	Х					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 8	3						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b						
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х				
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 A	Accounts.							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit							
	any contributions that were not tax deductible as charitable contributions?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts							
	were not tax deductible?		6b						
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 \ ser \ and \ partly \ for \ goods \ and \ ser \ for \ goods \ goo$	vices provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required							
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?		9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:								
а	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:	l I							
а	Gross income from members or shareholders	11a	-						
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l							
	amounts due or received from them.)	11b	ł						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l .a. 1							
	organization is licensed to issue qualified health plans	13b	-						
	Enter the amount of reserves on hand	13c			v				
			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	9 U	14b	.000	(0040)				
			Form	990	(2013)				

332005 10-29-13 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
	<u> </u>		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 11								
	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.								
h	Enter the number of voting members included in line 1a, above, who are independent 1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
_		2		Х					
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision								
3		3		Х					
	of officers, directors, or trustees, or key employees to a management company or other person?	4		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X					
5									
6	Did the organization have members or stockholders?	6		Х					
7a		7-		Х					
	more members of the governing body?	7a							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v					
_	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v						
_	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		v					
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
40-	Did the constant attack and a least should be a few and a second of the second	40:	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	10a		Λ					
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	v						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b		12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v						
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37					
	The organization's CEO, Executive Director, or top management official	15a		X					
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).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37					
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►MN								
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) a	vallab	ie						
	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, an	d tinar	ncial						
	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 organiza	ion:	_						
	JAMIE HEILICHER - 763-732-0610								
	4330 SOUTH CEDAR LAKE ROAD, ST. LOUIS PARK, MN 55416								

Form **990** (2013)

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.

(A)	(B)				C)			(D)	director, or trustee.	(F)
Name and Title	Average	(do	not c	Pos heck	itior more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	 			10010	1711103		from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	ndividual trustee or director	nstitutional trustee		oyee	Highest compensated employee		,		and related
	below	vid ua	itutio	Je.	Key employee	nest c	Former			organizations
	line)	Indi	lust	Officer	Key	High	Forr			
(1) ANNA SCHORER	10.00	ļ								
BOARD MEMBER	1.0.00	Х						0.	0.	0.
(2) RICH KRONFELD	10.00	l		l						•
SECRETARY	1 20 00	Х		Х				0.	0.	0.
(3) RHONDA SCHWARTZ	30.00	ļ		l						
PRESIDENT		Х		Х				0.	0.	0.
(4) GENE BOROCHOFF	30.00									•
BOARD MEMBER	10.00	Х						0.	0.	0.
(5) CHARLES SELCER	10.00	,,							0	•
BOARD MEMBER	20.00	Х						0.	0.	0.
(6) RABBI LYNN LIBERMAN	30.00	١,,		,,					0	0
VICE PRESIDENT	1 20 00	Х	_	Х				0.	0.	0.
(7) DAVID KOHN	20.00	ļ ,,							0	0
BOARD MEMBER	30.00	Х		_				0.	0.	0.
(8) TODD HEILICHER	30.00	X		٠,				0.	0.	0
TREASURER	10.00	^		Х				0.	0.	0.
(9) SALLY LORBERBAUM	10.00	x						0.	0.	0.
BOARD MEMBER (10) ALEX ARBIT	10.00	^	_	_				0.	0.	0.
BOARD MEMBER	10.00	X						0.	0.	0.
(11) BETTY BIRNBAUM	30.00	^						0.	0.	0.
BOARD MEMBER	30.00	X						0.	0.	0.
(12) JOEL MANDEL	5.00	<u> </u>						0.	0.	0.
BOARD MEMBER (LEFT 12/17/13)	3.00	X						0.	0.	0.
(13) MATT ERICKSON	5.00	<u> </u>	_				_	0.	0.	0.
BOARD MEMBER (LEFT 6/27/13)	3.00	x						0.	0.	0.
(14) SARAH GRUESNER	5.00	125		_	\vdash	\vdash			•	<u> </u>
BOARD MEMBER (LEFT 12/17/13)	3.00	x						0.	0.	0.
		+							•	<u> </u>
		1								
		\vdash	\vdash				\vdash			
		1								
		T								

332007 10-29-13

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		than	one	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio	n	ar	nount	of
		week	-	Cer an	ia a a	recio	or/trus	iee)	from	from related			other	
		(list any	Individual trustee or director						the	organizations			pensa	
		hours for related	or di	8			ated		organization	(W-2/1099-MIS	(C)		rom th	
		organizations	ustee	trust		e e	ubeu		(W-2/1099-MISC)				janizat d relat	
		below	lual tr	tional		yoldı	st con	_					anizati	
		line)	ndivic	Institutional trustee	Officer	Key em ployee	Highest compensated employee	orme				o.g.	ai iizati	0110
			-	-		~	T 9				\neg			
			1											
											\dashv			
			1											
											-			
			1											
											\neg			
			1											
											\neg			
			1											
											\neg			
			1											
											\neg			
			1											
											\neg			
			1											
			1											
1b	Sub-total								0.		0.			0.
С	Total from continuation sheets to Part V	I, Section A						•	0.		0.			0.
	Total (add lines 1b and 1c)							•	0.		0.			0.
2	Total number of individuals (including but r							no re	eceived more than \$100	,000 of reportabl	<u>—</u>			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su	•							•	•				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	dual for services				
	rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	ipens	ation '	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir	n the organization's tax	year.				
	(A)		3.7	~~~	_				(B)		_	()		_
	Name and business	address	N	INC	<u> </u>				Description of s	ervices		ompe	nsatio	n
								\dashv						
								\dashv						
								\dashv			—			
								\dashv						
2	Total number of independent contractors (i	ncluding but n	ot li	mito	d to	tho	ا مع	stec	d ahove) who received a	ore than				
_	\$100,000 of compensation from the organi		10t 11		u io		0	J. 60	abovo, who received h	ioro triari				

Form **990** (2013)

NECHAMA - JEWISH DISASTER RESPONSE 41-1998750 Page 9 Form 990 (2013) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and 1_{1f} 1,084,171 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 1,084,171. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 28. 28 other similar amounts) Income from investment of tax-exempt bond proceeds \triangleright 5 Royalties (ii) Personal (i) Real 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) \triangleright 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses **c** Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ... **10 a** Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue

084,199.

332009 10-29-13

Total revenue. See instructions. .

e Total. Add lines 11a-11d

28.

Form **990** (2013)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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				
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0.50 0.75	000 - 4-	10 001	
	persons described in section 4958(c)(3)(B)	260,378.	233,547.	18,281.	8,550.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	25 142	18 016	0 104	
9	Other employee benefits	25,140.	17,016.	8,124.	
10	Payroll taxes	22,080.	15,063.	7,017.	
11	Fees for services (non-employees):				
_	Management				
b	Legal	7 116		7 116	
С	-	7,116.		7,116.	
d	, o F				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)				
10	` ` ` ` ` ` ` ` ` ` ` ` ` ` 				
12	Advertising and promotion	23,744.	7,982.	7,560.	8,202.
13 14	Office expenses Information technology	23,711	7,702.	7,300.	0,202
15					
16	Royalties Occupancy	9,843.	9,636.	207.	
17	Travel	39,212.	37,378.	1,304.	530.
18	Payments of travel or entertainment expenses		2.,2.31	=,5524	
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,899.	380.	1,519.	
20	Interest			=,===	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,683.	2,683.		
23	Insurance	20,467.	20,467.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	OTHER DEPLOYMENT EXPENS	129,076.	129,076.		
b	AUTO	118,047.	118,047.		
С	EQUIPMENT	50,084.	50,084.		
d	APPAREL	6,864.	6,864.		
е	All other expenses	2,640.			2,640.
25	Total functional expenses . Add lines 1 through 24e	719,273.	648,223.	51,128.	19,922.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2013)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 440,551. 285,672. Cash - non-interest-bearing 1,579. Savings and temporary cash investments 23. 2 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 2,000. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 145,095. basis. Complete Part VI of Schedule D _____ 10a 120,948. 24,147. b Less: accumulated depreciation 10b 3. 10c Investments - publicly traded securities 11 11 5,826. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 0. 514,243. Other assets. See Part IV, line 11 15 15 447,959. 826,085. 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 16 5,519. 13,412. 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, iabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 227. 745. Schedule D 25 14,157. 5,746. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 149,701. 359,040. 27 27 Unrestricted net assets 292,512. 452,888. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 442,213. 811,928. Total net assets or fund balances 33 33 447.959. 826,085.

Form **990** (2013)

Total liabilities and net assets/fund balances

Form	1990 (2013) NECHAMA - JEWISH DISASTER RESPONSE	41-1998	3750	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1,08		
2	Total expenses (must equal Part IX, column (A), line 25)	2			73.
3	Revenue less expenses. Subtract line 2 from line 1	3			26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			13.
5	Net unrealized gains (losses) on investments	5		4,7	89.
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,		0.1		
_	column (B))	10	81.	1,9	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			37	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
_	X Separate basis Consolidated basis Both consolidated and separate basis				37
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				v
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	(0045)
			Form	୬୬ ∪ ((2013)

332012 10-29-13

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

			JEWISH DI						4	1-1998	<u> 3750</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this parl	t.) See inst	ructions.				
The orga 1	A church, co A school des A hospital or A medical res	nvention of churches cribed in section 17 a cooperative hospi search organization	because it is: (For lines 1 s, or association of church (O(b)(1)(A)(ii). (Attach So tal service organization of operated in conjunction	ches desc hedule E.) described	ribed in se in section	ction 170	(b)(1)(A)(i) (A)(iii).		i i). Enter	the hospita	ıl's nan	ne,
5	city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III											
g h	Since Augus (i) A perso the gov (ii) A family (iii) A 35%	n who directly or ind erning body of the so member of a person controlled entity of a	organization accepted are irrectly controls, either all upported organization? In described in (i) above? person described in (i) organization about the supported organization.	ny gift or colone or tog	ontribution ether with e?	from any persons c	of the folk	owing per in (ii) and (sons? (iii) below	11g(i)		No
	e of supported ganization	(ii) EIN		in col. (i) lis	organization sted in your document?	organizat	notify the ion in col. support?	(vi) Is organizati (i) organiz U.S Yes	on in col	(vii) Amour Su	nt of mo pport	netary
Total												

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

Sec	ction A. Public Support						
Cale	ndar 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.")	31,300.	330,956.	371,421.	538,625.	1084171.	2356473.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	31,300.	330,956.	371,421.	538,625.	1084171.	2356473.
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)						
	Public support. Subtract line 5 from line 4.						2356473.
	ction B. Total Support			•			
	ndar year (or fiscal year beginning in)	(a) 2009 31,300.	(b) 2010 330, 956.	(c) 2011 371, 421.	(d) 2012 538,625.	(e) 2013	(f) Total
7	Amounts from line 4	31,300.	330,956.	371,421.	538,625.	1084171.	2356473.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	103.	2,701.	2,139.		28.	4,971.
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.)	2,117.	5,536.		4,977.		12,630.
11	Total support. Add lines 7 through 10						2374074.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stop						<u></u>
	ction C. Computation of Publ						00.06
	Public support percentage for 2013 (I					14	99.26 %
	Public support percentage from 2012					15	98.74 %
16a	33 1/3% support test - 2013. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac					-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶└
					Sche	dule A (Form 990	or 990-EZ) 2013

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

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

Se	ction A. Public Support							
Cale	endar 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.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
Ū	are not an unrelated trade or bus-							
	iness under section 513							
1	Tax revenues levied for the organ-							
4	ization's benefit and either paid to							
_								
5	The value of services or facilities							
	furnished by a governmental unit to							
_	the organization without charge							-
	Total. Add lines 1 through 5							-
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							ļ
k	Amounts included on lines 2 and 3 received from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
C	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							I
Se	ction B. Total Support							
	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e)	2013	(f) Total
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties							
	and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	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							
12	Other income. Do not include gain							
	or loss from the sale of capital							
12	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is for	r the organization	s first second this	d fourth or fifth t	ay year as a section	n 501/o	\(2\ organiz	
'-		· ·	, ,	,	,	` '	, , ,	ation,
Sec	ction C. Computation of Publ							
	Public support percentage for 2013 (column (f))		15		%
	Public support percentage from 2012					16		
	ction D. Computation of Inve					10		
	Investment income percentage for 20					17		%
	Investment income percentage from					18		
							and line 1	
198	a 33 1/3% support tests - 2013. If the						, and line i	I IS HUL
	more than 33 1/3%, check this box a						00 1/00/	P
k	33 1/3% support tests - 2012. If the							
	line 18 is not more than 33 1/3%, che			•			•	? ;;;
	Private foundation. If the organization	n ala not check a	box on line 14, 19	a, or 190, check t				
3320	23 09-25-13				Scr.	еше 4	r.orm 991	こしに タタロ・ピノエンしてき

Schedule A	(Form 990 or 990-EZ) 2013 1	NECHAMA -	JEWISH I	DISASTER	RESPONSE	41-1998750 Page 4
Part IV	Supplemental Informa	ation. Provide th	e explanations r	equired by Part	II, line 10; Part II, line 17a	or 17b; and Part III, line 12.
	Also complete this part for a	ny additional infor	mation. (See ins	tructions).		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

N	ECHAMA - JEWISH DISASTER RESPONSE	41-1998750						
Organization type (check	one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	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								
Note. Only a section 501(General Rule	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F							
ū	plete Parts I and II.	noncy or property) from any one						
Special Rules								
509(a)(1) and 170	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.							
total contribution	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.							
contributions for If this box is chec purpose. Do not	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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year							
	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its							

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)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

NECHAMA - JEWISH DISASTER RESPONSE

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		
16	ALLIED JEWISH FEDERATION OF COLORADO/JEWISHCOLORADO 300 SOUTH DAHLIA STREET #300 DENVER, CO 80246	\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	B'NAI B'RITH 7260 WASHINGTON AVE S EDEN PRAIRIE, MN 55344	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19	BLOOMBERG LP 731 LEXINGTON AVE NEW YORK, NY 10022	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	FITERMAN FOUNDATION 5500 WAYZATA BLVD SUITE 1015 MINNEAPOLIS, MN 55416	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	FRED KASSNER FAMILY FOUNDATION 190 RIVER RD, 2ND FLOOR SUMMIT, NJ 07901	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

NECHAMA - JEWISH DISASTER RESPONSE

Part I	rt 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		
24	GENE BORCHOFF 4485 DUNKIRK LANE PLYMOUTH, MN 55446	\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	HENRY AND MARILYN TAUB FOUNDATION 300 FRANK W BURR BLVD TEANECK, NJ 07666	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	JEWISH FEDERATION OF METROPOLITAN CHICAGO 30 S. WELLS STREET CHICAGO, IL 60606	\$\$_	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15	LEWIS FAMILY TRUST PO BOX 647 HACKENSACK, NJ 7601	\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17	MAKE A DIFFERENCE FOUNDATION PO BOX 810430 BOCA RATON, FL 33481	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	MARGARET A CARGILL FOUNDATION 6889 ROWLAND ROAD EDEN PRAIRIE, MN 55344	\$\$	Person X Payroll		

Employer identification number

NECHAMA - JEWISH DISASTER RESPONSE

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MINNEAPOLIS JEWISH FEDERATION 13100 WAYZATA BLVD, SUITE 200 MINNETONKA, MN 55305	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	NATIONAL VOAD 1501 LEE HWY STE 170 ARLINGTON, VA 22209	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	ROBIN HOOD FOUNDATION 826 BROADWAY NEW YORK, NY 10003		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	ROCKLER JACKSON FAMILY FOUNDATION 900 PARTONWOOD RD ORONO, MN 55356	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	RUTH LEVI 1409 MILFORD TERRACE TEANECK, NJ 07666	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STEVEN & SHERI LEAR 12840 42ND PLACE N PLYMOUTH, MN 55442		Person X Payroll
			990, 990-EZ, or 990-PF) (2013)

Employer identification number

NECHAMA - JEWISH DISASTER RESPONSE

(a) No. Name, address, and ZIP + 4 Total contributions Type of contr	Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
17500 46TH AVENUE N		``,	, ,	
No.	2	17500 46TH AVENUE N	- - - - *	Payroll Noncash
1660 HIGHWAY 100 S #230		` ,	•	(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contribut	3	1660 HIGHWAY 100 S #230	\$\$	Payroll Noncash
THE WEXNER FOUNDATION 8000 WALTON PARKWAY SUITE 110 \$ 5,000.		` ,		
No. Name, address, and ZIP + 4 UJA FEDERATION OF NEW YORK Person	20	THE WEXNER FOUNDATION 8000 WALTON PARKWAY SUITE 110	- - - 5,000.	Person X Payroll Noncash
14 UJA FEDERATION OF NEW YORK 130 EAST 59TH STREET \$ 101,860.		` ,	I	(d) Type of contribution
No. Name, address, and ZIP + 4 UNION FOR REFORM JUDAISM 633 THIRD AVE NEW YORK, NY 10017 (a) (b) (c) (c) (d) (complete Part II for noncash contributions 13 UNITED JEWISH COMMUNITIES, INC. 111 8TH AVE, SUITE 11E \$ 125,000. Total contributions Type of contributions Type of contributions Person X Payroll (Complete Part II for noncash contributions) Type of contributions Person X Payroll (D) (Complete Part II for noncash contributions Person (Complete Part II for noncash contributions) (Complete Part II for noncash (Complete Par		UJA FEDERATION OF NEW YORK 130 EAST 59TH STREET	_	Person X Payroll Noncash
Sarry Complete Part II for noncash contributions Sarry Complete Part II for Noncash				(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contribut 13 UNITED JEWISH COMMUNITIES, INC. Person X Payroll Noncash (Complete Part II for	4	633 THIRD AVE	- \$\$50,000.	Payroll Noncash
111 8TH AVE, SUITE 11E \$ 125,000. Payroll Noncash (Complete Part II for				(d) Type of contribution
323452 10-24-13 Schedule B (Form 990, 990-EZ, or 990-FF)	13		_ '	Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NECHAMA - JEWISH DISASTER RESPONSE

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				
		\ \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
_							
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\ \\$					
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
—		<u> </u>					
3453 10-24-	13	Schedule B (Form	 990, 990-EZ, or 990-PF) (2				

Employer identification number Name of organization 41-1998750 **NECHAMA** JEWISH DISASTER RESPONSE 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.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE 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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NECHAMA - JEWISH DISASTER RESPONSE

Employer identification number 41-1998750

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par			
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
	F		ا ما
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
_	conservation easements.		
Par	t III Organizations Maintaining Collections o		otner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	•
	historical treasures, or other similar assets held for public ext	, ,	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·	
	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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

332051 09-25-13

Schedule D (Form 990) 2013

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) at that apoly): a Public exhibition d Loan or exchange programs b Schodary research e Other c Preceivation for future generations d 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 is collections and explain how they further the organization's exempt purpose in Part XIII. 6 Part IV Except and Custodial Arrangements. Complete if the organization's collection? Yes No Part IV Except 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. a Sthe organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. b If Yes, explain the arrangement in Part XIII and complete the following table: c Beginning balance It Amount Yes No b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No continued to the part XIII and	Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, d	or Othe	er Simila	ar Asse	ts (contin	nued)	
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization scolicit 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? Ves No Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Ves" 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, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount to do Additions during the year 1d	3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	t are a si	ignificant ı	use of its	collectio	n item	ns
b Scholarly research Preservation for future generations 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 arisint that not be maintained as part of the organization collection? Part VI 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. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. C		(check all that apply):										
c	а	Public exhibition	d	і Ш	Loan or exc	hange progra	ams					
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? 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 XX, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance C Beginning balance 1	b	Scholarly research	е		Other							
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? Part V 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. Is the organization an angent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X? Is it the organization an angent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X! Is if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance Is a Amount Is	С	Preservation for future generations										
To be sold to raise funds rather than to be maintained as part of 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, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exe	mpt purpo	se in Par	XIII.		
Part V 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?	5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er similar	assets	_	-		_
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? b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year 1 te 1 te 1 ti 2 Did the organization include an amount on Form 990, Part X, line 21? 1 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 IX, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. 1 Beginning of year balance 5, 226, 1 (2) Ourner tyear 6 Chert expenditures for facilities and programs 1 Administrative expenses 2 26, 1 (3) Ourner tyear 9 End of year balance 1 Administrative expenses 2 226, 1 (3) Ourner tyear (b) Prior year (c) Two years back (d) Three years back (e) Four yea									L			<u> No</u>
Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Ves □ No b if "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ 1d □ Amount □ 1c □ d Additions during the year □ 1d □ □ Intermediary (and the organization include an amount on Form 990, Part X, line 21? □ If □ Intermediary (b) If Intermediary (and the organization include an amount on Form 990, Part X, line 21? □ Intermediary (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e)	Par			ete if the	organizatio	n answered '	"Yes" to	Form 990	, Part IV, I	ine 9, or		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 by the part X is explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part X 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 (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back		· · · · · · · · · · · · · · · · · · ·	*	diary for	contribution	ns or other as	sets not	included				
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance										Yes		No
C Beginning balance C C	b											
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?		3.	,	3						Amount	:	
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?	С	Beginning balance						1c				
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 2b 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												
## Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?												
2a Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Cal Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Fo	_											
Describe 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.	2a									Yes		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 5,826,	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided in I	Part XIII					
1a Beginning of year balance 5,826. b Contributions 500,000. c Net investment earnings, gains, and losses 4,743. d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses 226. g End of year balance 510,343. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % 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 (iii) related organizations 5	Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.				
b Contributions 500,000. c Net investment earnings, gains, and losses 4,743. d Grants or scholarships			(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance										
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 510,343. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b	Contributions	500,000.									
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 510,343. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % 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 (ii) related organizations 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 Buildings c Leasehold improvements d Equipment e Other 145,095. 120,948. 24,147.	С	Net investment earnings, gains, and losses	4,743.									
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 510,343. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % 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 (ii) related organizations 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 Buildings c Leasehold improvements d Equipment e Other 145,095. 120,948. 24,147.	d	Grants or scholarships										
g End of year balance 510 , 343 .		_										
g End of year balance 510, 343. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % 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 (ii) related organizations 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 145,095, 120,948, 24,147, e Other e Other		and programs										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f	Administrative expenses	226.									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	g	End of year balance	510,343.									
b Permanent endowment ▶	2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:						
c Temporarily restricted endowment ▶	а	Board designated or quasi-endowment		_%								
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 (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) x (i	b	Permanent endowment >	<u></u> %									
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 (iii) related organizations (iiii) related organizations (iii) related organizat	С	Temporarily restricted endowment ▶	%									
by: (i) unrelated organizations (ii) related organizations (iii) x		The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.									
(ii) unrelated organizations (iii) related organizations (ii) related organizations (iii) related organizations (i	3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd administe	red for tl	ne organiz	ation	-		
(ii) related organizations 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		by:									Yes	No
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 (other) (b) Cost or other depreciation (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		(i) unrelated organizations								3a(i)	X	
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 1a Land b Buildings c Leasehold improvements d Equipment e Other										3a(ii)		_X_
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 basis (other) b Buildings c Leasehold improvements d Equipment e Other	b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?					3b		
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) 1a Land b Buildings c Leasehold improvements d Equipment e Other	4			wment	funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (g) Accumulated depreciation (h) Cost or other basis (other) (n) Accumulated depreciation (n) Accumulated depreciation (n) Book value (n) Book value (n) Book value (n) Book value (n) Accumulated depreciation (n) Accumulated depreciation (n) Book value	Par											
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other												
b Buildings c Leasehold improvements c Leasehold improvements 145,095. 120,948. 24,147. e Other 0		Description of property	, ,				٠,		d	(d) Bool	k valu	e
c Leasehold improvements 145,095. 120,948. 24,147. e Other 145,095. 120,948. 147.	1a	Land										
c Leasehold improvements 145,095. 120,948. 24,147. e Other 145,095. 120,948. 147.												
e Other												
	d	Equipment			$1\overline{4}$	5,095.	1	L20,94	48.	2	4,1	<u>47.</u>
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	_											
	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10(c).)				2	4,1	47.

Schedule D	(Form 990) 2013

Complete if the organization answered "Yes"	to Form 990 Part IV	line 11b See Form 990 I	Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	•	•		
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11c. See Form 990, F	Part X, line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11d. See Form 990, I	Part X, line 15.	
	Description			(b) Book value
(1) BROKERAGE ACCOUNT				149.
(2) CVS CAREMARK CORP				1,575.
(3) IFA UNREALIZED GAIN/LOSS				<68.
(4) INCOME FUND OF AMERICA CL	ASS A			50.
(5) JEWISH COMMUNITY FOUNDATI	ON			510,343.
(6) MCDONALDS CORP				194.
(7) SECURITY DEPOSIT				2,000.
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		>	514,243.
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	i.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) GIFT CARD		745.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)	745.		

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

Schedule D (Form 990) 2013

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	3 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,088,988.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		4 = 0.0		
а	Net unrealized gains on investments		4,789.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	4,789.
3	Subtract line 2e from line 1			3	1,084,199.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,084,199.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	719,273.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	·		2e	0.
3	Subtract line 2e from line 1			3	719,273.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b					
		4b		4c	0.
с 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	4b		4c 5	0. 719,273.
с 5	Other (Describe in Part XIII.) Add lines 4a and 4b	4b			
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	4b		5	719,273.
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
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5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
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5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b al	nd 2b; Part V, line	5	719,273.
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332054 09-25-13

SCHEDULE 0

(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

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

Name of the organization

OUR ACTIONS.

NECHAMA - JEWISH DISASTER RESPONSE

Employer identification number 41-1998750

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LINDENHURST (NY), COPIAGUE (NY), EAST ROCKAWAY (NY), ISLAND PARK (NY), CEDARHURST (NY), LONG BEACH (NY), AMITYVILLE (NY), MASSAPEQUA (NY), MINNEAPOLIS (MN), ST. LOUIS PARK (MN), HOPKINS (MN), MCHENRY (IL), MARSEILLES (IL), MOORE (OK), SHAWNEE (OK), TECUMSEH (OK), NORMAN (OK), BETHEL ACRES (OK), LYONS (CO), BOULDER (CO), LONGMONT (CO), HYGIENE (CO), WASHINGTON (IL), HOLIDAY HILLS (IL), EUREKA (IL), AND WEST PEORIA (IL).

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

EXPLANATION: THE RETURN IS REVIEWED BY THE TREASURER AND THE EXECUTIVE DIRECTOR AND THEN DISBURSED TO THE REST OF THE BOARD MEMBERS.

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

EXPLANATION: THE BOARD OF DIRECTORS POLICY REQUIRES THE EMPLOYEES OF THE CORPORATION TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST TO THE EXECUTIVE DIRECTOR OR PRESIDENT AND TO ABSTAIN FROM MAKING DECISIONS OR TAKING AND ACTION THAT CREATES A CONFLICT OF INTEREST.

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

EXPLANATION: THE FOUNDATION DOCUMENTS ARE AVAILABLE UPON REQUEST.

Election Out of Special Depreciation Allowance of Code Section 168(k)

Taxpayer's name: Nechama – Jewish Disaster Response

Taxpayer's address: 4330 South Cedar Lake Road St. Louis Park, MN 55416

Taxpayer's tax identification number: 41-1998750

Attachment to Form 990, Tax Year Ending December 31, 2013

The taxpayer hereby elects out of the special depreciation allowance for all property placed in service by the taxpayer during the taxable year which would otherwise qualify for the special depreciation allowance under Code Section 168(k) and which is in the following classes:

All 5 year property

See attached form 4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. Business or activity to which this form relates

OMB No. 1545-0172

Sequence No. 179 Identifying number

NECHAMA - JEWISH DISASTER RESPONSE

FORM 990 PAGE 10

990

	Maximum amount (see instructions)	-	To Hote. II you have any lis			141	500,000.
2 7	Total cost of section 179 property place	2					
	Threshold cost of section 179 propert		2,000,000.				
	Reduction in limitation. Subtract line 3						
_	Pollar limitation for tax year. Subtract line 4 from lin						
6	(a) Description of p	property	(b) Cost (busin	ess use only)	(c) Elected	d cost	
	isted property. Enter the amount fron						
	Total elected cost of section 179 prop						
	Tentative deduction. Enter the smalle						
	Carryover of disallowed deduction from						
	Business income limitation. Enter the						
12 9	Section 179 expense deduction. Add	lines 9 and 10, but	do not enter more than lir	ne 11		12	
	Carryover of disallowed deduction to 2			🕨 13			
	e: Do not use Part II or Part III below fo						
	rt II Special Depreciation Allow				, ,		
14 5	Special depreciation allowance for qua	alified property (oth	ner than listed property) pl	aced in service	during		
						14	
15 F	Property subject to section 168(f)(1) e	lection				15	
_	Other depreciation (including ACRS)					16	
Pa	rt III MACRS Depreciation (Do n	ot include listed pr)			
			Section A				
17 N	MACRS deductions for assets placed	in service in tax ye	ears beginning before 2010	3		<u></u> 17	
18 If	you are electing to group any assets placed in se						
	Section B - Assets		e During 2013 Tax Year (c) Basis for depreciation	Jsing the Gene	eral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property						
b	5-year property		26,828.	5	HY	200DB	2,683.
С	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
L	Decidential rental property	/		27.5 yrs.	MM	S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
	Nonvocidential real preparty	/		39 yrs.	MM	S/L	
i	Nonresidential real property	/			MM	S/L	
	Section C - Assets	Placed in Service	During 2013 Tax Year Us	sing the Altern	ative Depre	iation Sys	tem
						S/L	
20a	Class life						
20a b	Class life 12-year			12 yrs.		S/L	
b c	12-year 40-year	/		12 yrs. 40 yrs.	MM		
b c	12-year	/		·	MM	S/L	
c Pa	12-year 40-year	/ ne 28		·	MM	S/L	
b c Pa :	12-year 40-year rt IV Summary (See instructions.)		es 19 and 20 in column (g	40 yrs.	MM	S/L S/L	
b C Par 21 L 22 T	12-year 40-year rt IV Summary (See instructions.) isted property. Enter amount from lin	s 14 through 17, lin		40 yrs.		S/L S/L	2,683.
21 L 22 T 23 F	12-year 40-year **T IV Summary (See instructions.) Listed property. Enter amount from line **Total. Add amounts from line 12, lines Enter here and on the appropriate line **For assets shown above and placed in	s 14 through 17, lines of your return. Pan service during the	artnerships and S corpora e current year, enter the	40 yrs.), and line 21. tions - see instr		S/L S/L	2,683.
b C Par 21 L 22 1 E 23 F	12-year 40-year **TIV Summary (See instructions.) Listed property. Enter amount from line **Total. Add amounts from line 12, lines Enter here and on the appropriate line **For assets shown above and placed in cortion of the basis attributable to sec	s 14 through 17, lines of your return. Pan service during the	artnerships and S corpora e current year, enter the	40 yrs.), and line 21. tions - see instr		S/L S/L	2,683.

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A	- Depreciation	on and Other In	format	ion (Ca	ution: S	See the I	nstruc	tions for li	mits for p	oasseng	er auton	nobiles.)		
24a Do you have evidence to	support the bu	siness/investment	use clai	med?	Y	es 🗆	No	24b If "Y	es," is th	ne evide	nce writt	en?	Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Oth.	(d) Cost or er basis		(e) is for depresiness/invesuse only	stment	(f) Recovery period	Met	g) thod/ ention	Depre	h) ciation iction	Ele sectio	(i) cted on 179 ost
25 Special depreciation all	owance for q	ualified listed pr	operty	placed	n servic	e durin	g the ta	ax year an	d					
used more than 50% ir	n a qualified b	usiness use								25				
26 Property used more that														
	: :	%												
	: :	%												
	: :	%												
27 Property used 50% or	ess in a quali	fied business us	se:		•						•			
	1 1	%							S/L -					
	: :	%							S/L -					
	: :	%							S/L -					
28 Add amounts in columi	n (h), lines 25	through 27. Ent	er here	and on	line 21,	page 1				28				
29 Add amounts in columi	n (i), line 26. E	nter here and o	n line 7.	, page 1								29		
			(a)			o)		(c)	1	d)		e)	(1	-
30 Total business/investment		uring the	Vehi	cle	Ver	nicle	V	ehicle e	Ven	iicle	Veh	iicle	Veh	icle
year (do not include com														
31 Total commuting miles32 Total other personal (no driven	oncommuting) miles												
33 Total miles driven durin Add lines 30 through 3:	g the year.													
34 Was the vehicle available during off-duty hours?			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used p	Was the vehicle used primarily by a more than 5% owner or related person?													
36 Is another vehicle available use?	able for perso	onal												
Answer these questions to	Section C	- Questions for	-	-								e not m	ore than	504

owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your								No		
	employees?									
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your										
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners									
39 Do you treat all use of vehicles by employees as personal use?										
40 Do you provide more than five vehicles to your employees, obtain information from your employees about										
the use of the vehicles, and retain the information received?										
41 Do you meet the requirements concerning qualified automobile demonstration use?										
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.										
P	art VI Amortization									
	(a) Description of costs	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage		(f) rtization his year				

42 Amortization of costs that begins during your 2013 tax year: 43

43 Amortization of costs that began before your 2013 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Form **4562** (2013)

44