EXTENDED TO MAY 15, 2018

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. JUL 1, 2016 and ending JUN 30, A For the 2016 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change A JEWISH VOICE FOR PEACE Name change 90-0018359 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1611 TELEGRAPH AVENUE 1020 510-465-1777 termin-ated 3,381,642. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 94612 OAKLAND, CA H(a) Is this a group return Applica-F Name and address of principal officer: REBECCA VILKOMERSON Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.JEWISHVOICEFORPEACE.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 2001 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: ADVOCATING FOR JUST POLICIES IN Activities & Governance THE US WITH REGARD TO ISRAEL/PALESTINE. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 31 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) <u>500</u> Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 2,507,450. 2,926,316. Contributions and grants (Part VIII, line 1h) Revenue 242,348. 4,687. Program service revenue (Part VIII, line 2g) 3,931. -15. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 209,047. 19,174. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,531,296 3.381.642. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,778,424.1,970,388. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 915,904. 1,561,968. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,532,356. -150,714. 2,694,328. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -163,032. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,008,095. 1,159,738. 20 Total assets (Part X, line 16) 264,747. 265,676. 21 Total liabilities (Part X, line 26) 894,062. 743,348. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign REBECCA VILKOMERSON, EXECUTIVE DIRECTOR Here Type or print name and title PTIN

Preparer's signature

X Yes No

P00743411

94-2590397

Phone no. (925) 271-5519

Firm's EIN

Firm's address 4725 FIRST ST., STE. 226 PLEASANTON, CA 94566

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

Firm's name KARLSSON & LANE, AN ACCOUNTANCY CORP.

Print/Type preparer's name

Paid

Preparer

Use Only

PENNY L. LANE, CPA

. u	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: ADVOCATING FOR JUST POLICIES IN THE US WITH REGARD TO	
	ISRAEL/PALESTINE.	
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.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	• •
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	otal expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,841,793 • including grants of \$) (Revenue \$	242,348.)
4a	(Code:) (Expenses \$ 2,841,793 including grants of \$) (Revenue \$ PROVIDED TRAINING, LEADERSHIP DEVELOPMENT, CAMPAIGN SUPPORT	
	SUPPORT AS NEED TO 62 CHAPTERS AROUND THE COUNTRY. PROVIDED	
	LEADERSHIP DEVELOPMENT, CAMPAIGN SUPPORT AND OTHER SUPPORT A	
	OUR NON-GEOGRAPHIC PROFESSIONAL COUNCILS (RABBIS, STUDENTS,	
	ARTISTS, ACADEMICS). DISSEMINATED EDUCATIONAL MATERIALS ABOU	<u>'T</u>
	ISRAEL/PALESTINE VIA FACEBOOK, TWITTER, YOUTUBE, AND EMAIL.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		·
4d	Other program services (Describe in Schedule O.)	,
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 2,841,793.)
+€	Total program service expenses P	Form 990 (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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,			ا ۔۔
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u>.</u> _
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٦,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		X
	complete Schedule G, Part III	19		27

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7.7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	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	00		Х
04-	Schedule J	23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	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			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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		Х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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	Х	

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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					Ш
			1 00		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	32			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				37	
	(gambling) winnings to prize winners?	 I	I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	l .	21			
	filed for the calendar year ending with or within the year covered by this return		31		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					Х
				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		with a second	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		х
h	If "Yes," enter the name of the foreign country:	accou	тц?	48		21
b	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ccour	nte (FRAR)			
52	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 transaction at any time during the tax year.			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
-	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 contribu					
	were not tax deductible?		-	6b	Х	
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 se	rvices	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	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 of		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	-14	I			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
р 11	Section 501(c)(12) organizations. Enter:	נוטו	l			
		11a				
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	114				
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	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.		•			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	_				
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b		
				Form	990	(2016)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line da, db, of 10b below, describe the circumstances, processes, or changes in schedule 0. See instructions.									
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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 0. Enter the number of voting members included in line 1a. above, who are independent 10									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х						
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision									
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6	Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?									
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b	Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a	Х							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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	Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х							
40	in Schedule O how this was done	12c	X							
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13 14	X							
	Did the process for determining compensation of the following persons include a review and approval by independent	14	21							
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	х							
	Other officers or key employees of the organization	15b		X						
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		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								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►AZ, AL, CA, DE, ID, IN, IA, LA, MO	, MT	, NE	,SD						
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) and 990-T (Section 501(c)(3)s only) are	availab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	THE ORGANIZATION - 510-465-1777									
	1611 TELEGRAPH AVENUE, NO. 1020, OAKLAND, CA 94612	F	000	(0040)						
63200	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2016)						

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.

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

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

(A) Name and Title	(B) Average	ge Position (do not check more than one						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	ox, unless persor officer and a direct			is bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GRACE LILE	7.00	X		x				0.	0.	0.
CHAIR (2) RABBI LINDA HOLTZMAN	5.00	^		^				0.	0.	0.
VICE CHAIR	3.00	Х		x				0.	0.	0.
(3) SETH MORRISON	5.00	<u> </u>		<u> </u>				0.	0.	•
TREASURER	3.00	Х		x				0.	0.	0.
(4) GLEN HAUER	5.00									
SECRETARY		х		х				0.	0.	0.
(5) KAREN ACKERMAN	3.00									
BOARD MEMBER		Х						0.	0.	0.
(6) PHYLLIS BENNIS	3.00									
BOARD MEMBER		Х						0.	0.	0.
(7) SCOUT BRATT	3.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JOELLEN CHERNOW	3.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(9) BETH HARRIS	3.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JESSIE SPECTOR	3.00								0	•
BOARD MEMBER	60.00	Х						0.	0.	0.
(11) REBECCA VILKOMERSON	60.00			,,				01 (02	0	1 0 4 0
EXECUTIVE DIRECTOR				Х				91,683.	0.	1,042.
		_	_	_		_	<u> </u>			
		l								
632007 11-11-16										Form 990 (2016)

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Par	t VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C						
	(A)	(B)	(C) Position			,		(D)	(E)		_	(F)		
	Name and title	Average hours per		not c	heck	more	than is bot		Reportable Reportable compensation compensat				stimate nount (
		week					or/trus		from	from related			other	Ji
		(list any	ector						the	organization		com	pensa	tion
		hours for related	or dir	8			sated		organization	(W-2/1099-MI	SC)		om the	
		organizations	trustee	al trust		ee/	mpen		(W-2/1099-MISC)				anizati d relate	
		below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner					anizatio	
		line)	Indi	Insti	Officer	Key	High	Form						
			-											
1b	Sub-total								91,683.		0.		1,0	
	Total from continuation sheets to Part V								0.		0.		1 0	0.
	Total (add lines 1b and 1c)								91,683.	000 ()	0.		1,0	42.
2	Total number of individuals (including but no compensation from the organization	ot limited to tr	ose	liste	ed a	bove	e) wi	no r	eceived more than \$100	,000 of reportab	ole			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,				•	•	•		•					
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	-		-					•	the organization				х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a									dual for services		4		
J	rendered to the organization? If "Yes," com	•				•			•		,	5		Х
Sec	tion B. Independent Contractors	•											•	
1	Complete this table for your five highest co										npens	ation 1	from	
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vitri	or w	/itmir	the organization's tax y	/ear.		((2)	
	Name and business	address	N	INC	3				Description of s	ervices	С		nsatio	า
-														
	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi						0		·			_	000	
												Form	990 c)/11C

632008 11-11-16

A JEWISH VOICE FOR PEACE 90-0018359 Page 9 Form 990 (2016) 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 (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 5,120. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 2,921,196 similar amounts not included above 59,572 g Noncash contributions included in lines 1a-1f: \$ 2,926,316. h Total. Add lines 1a-1f Business Code 900099 242,348. 242,348 2 a PROGRAM FEES Program Service Revenue f All other program service revenue 242,348. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 729 729. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 7,501. 6 a Gross rents 0. **b** Less: rental expenses 7,501. c Rental income or (loss) 7,501. 7,501. **d** Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other 3,202. assets other than inventory b Less: cost or other basis 0. and sales expenses 3,202. c Gain or (loss) 3,202. 3,202. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$5,120. ofcontributions reported on line 1c). See 0. Part IV, line 18 a Other 0. **b** Less: direct expenses 0. 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 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 179,587 11 a CHAPTER INCOME 179,587. b OTHER INCOME 900099 21,959. 21,959. С d All other revenue 201,546.

e Total. Add lines 11a-11d

Total revenue. See instructions.

421,935.

381,642.

90-0018359 Page 10 A JEWISH VOICE FOR PEACE Form 990 (2016) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 90,000. 63,000. 9,000. 18,000. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,516,971. 1,209,536. 146,385. 161,050. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 226,720. 175,568. 30,863. 20,289. Other employee benefits 9 136,697. 108,566. 12,466. 15,665. Payroll taxes 10 Fees for services (non-employees): a Management Legal 25,351. 2,378. 22,973. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 81,788. 75,497. 5,163. 1,128 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 61,563. 32,071. 9,115. 20,377. 14 Information technology 15 Royalties 128,156. 97,542. 16,168. 14,446. 16 Occupancy 11,173. 132,259. 111,887. 9,199. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 15,855. 15,855. Depreciation, depletion, and amortization 22 6,416. 2,425. 3,991. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)

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55,554.

71,251.

390,994.

25

594,242.

133,842.

127,110.

164,645.

3,532,356.

90,741

Check here

PRINTING

e All other expenses

amount, list line 24e expenses on Schedule O.)

PROGRAM EVENTS AND CAMP

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

SPECIAL PROJECTS
CHAPTER EXPENSES

594,242.

133,842.

127,110.

35,187.

72,942.

2,841,793.

20,452.

299,569.

Part X	Balance Sheet						
	Check if Schedule O contains a response or note	e to any	y line in this Part X				
				(A) Beginning of year		(B) End of year	
1	Cash - non-interest-bearing			350,102.	1	393,763	
2	Savings and temporary cash investments			612,942.	2	348,129	
3	Pledges and grants receivable, net			70,000.	3	170,000	
4	Accounts receivable, net			229.	4	2,064	
5	Loans and other receivables from current and fo						
	trustees, key employees, and highest compensa						
	Part II of Schedule L		5				
6	Loans and other receivables from other disqualif						
	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing				
	employers and sponsoring organizations of secti		-				
ပ္	employees' beneficiary organizations (see instr).				6		
Assets	Notes and loans receivable, net				7		
₹ ₈	Inventories for sale or use				8		
9	Prepaid expenses and deferred charges			64,637.	9	34,701	
10 a	Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10a	81,962.				
l t			29,118.	55,434.	10c	52,844	
11	Investments - publicly traded securities		11				
12	Investments - other securities. See Part IV, line 1			12			
13	Investments - program-related. See Part IV, line 1				13		
14	Intangible assets		14				
15	Other assets. See Part IV, line 11	6,394.	15	6,594			
16	Total assets. Add lines 1 through 15 (must equa	1,159,738.	16	1,008,095			
17	Accounts payable and accrued expenses			265,676.	17	264,747	
18	Grants payable		18				
19	Deferred revenue				19		
20	Tax-exempt bond liabilities				20		
21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21		
ဖ္မ 22	Loans and other payables to current and former	officers	s, directors, trustees,				
┋	key employees, highest compensated employee						
Liabilities 22	Complete Part II of Schedule L				22		
- 23	Secured mortgages and notes payable to unrela	ted thir	d parties		23		
24	Unsecured notes and loans payable to unrelated	d third p	parties		24		
25	Other liabilities (including federal income tax, pay	/ables t	to related third				
	parties, and other liabilities not included on lines	17-24).	. Complete Part X of		25		
26	Total liabilities. Add lines 17 through 25			265,676.	26	264,747	
	Organizations that follow SFAS 117 (ASC 958)		k here ▶ 🔼 and				
Se	complete lines 27 through 29, and lines 33 and			CO1 1FF		207 027	
Ĕ 27	Unrestricted net assets			601,155.	27	327,937	
e 28	Temporarily restricted net assets	292,907.	28	415,411			
멸 29					29		
로	Organizations that do not follow SFAS 117 (AS	SC 958), check here				
ດ ທ	and complete lines 30 through 34.						
8 30	Capital stock or trust principal, or current funds				30		
ğ 31	Paid-in or capital surplus, or land, building, or eq				31		
Net Assets or Fund Balances 22 28 29 30 31 32 32 32 33 34 35 35 36 36 36 36 36 36 36 36 36 36 36 36 36	Retained earnings, endowment, accumulated inc		—	894,062.	32	7/12 2/10	
33	Total net assets or fund balances				33	743,348	
34	Total liabilities and net assets/fund balances			1,159,738.	34	1,008,095	

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				Ш		
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	3,383	2,3	56.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-15				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89	4,0	<u>62.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10							
Pa	rt XII Financial Statements and Reporting	•					
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
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: X 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						
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х			
	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	ngle Audit					
	Act and OMB Circular A-133?		3a		<u>X</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b				

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

90-0018359

Name of the organization

A JEWISH VOICE FOR PEACE

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

The o	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)					
1	Щ	A church, convention of chi	urches, or association	on of churches described	d in sectio	n 170(b)(1	1)(A)(i).				
2	Щ	A school described in secti	on 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3	Щ	A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).				
4		A medical research organization	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in			
		section 170(b)(1)(A)(iv). (C	omplete Part II.)								
6	Щ	A federal, state, or local gov	ernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that normal	lly receives a substa	intial part of its support f	rom a gov	ernmental	unit or from the general	public described in			
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)								
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	e or			
		university:									
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from			
		activities related to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.			
	See section 509(a)(2). (Complete Part III.)										
11		An organization organized a		ively to test for public sa	fety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3).	Check the box in			
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.				
а		Type I. A supporting orga	nization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting			
		organization. You must c						•			
b		Type II. A supporting orga	-		tion with it	ts support	ed organization(s), by ha	iving			
		control or management of	•					-			
		organization(s). You mus			·			•			
С		☐ Type III functionally inte	- · · · · · · · · · · · · · · · · · · ·		in connec	tion with.	and functionally integrate	ed with.			
		its supported organization					•	,			
d		☐ Type III non-functionally		•				zation(s)			
		that is not functionally into					• • • • • •	• •			
		requirement (see instructi	-	• •	-		•				
е		Check this box if the orga	•	- ·							
		functionally integrated, or					31 7 31 7 31				
f	Ente	er the number of supported o	• .		0 0						
		vide the following information									
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
				above (oce motraotione)							
Γota	1										

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	1,457,969.	1,407,148.	2,485,928.	2,507,450.	2,926,316.	10,784,811.
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	1,457,969.	1,407,148.	2,485,928.	2,507,450.	2,926,316.	10,784,811.
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)						167,136.
6	Public support. Subtract line 5 from line 4.						10,617,675.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	1,457,969.	1,407,148.	2,485,928.	2,507,450.	2,926,316.	10,784,811.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	318.	2,186.	4,912.	4,512.	8,230.	20,158.
9	Net income from unrelated business		,	, -	, -	,	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,926.	7,587.	7,485.	14.647.	179,587.	213.232.
11		.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , = , ,			11,018,201.
12	Gross receipts from related activities,	etc (see instruction	nns)			12	351,464.
13	First five years. If the Form 990 is for			fourth or fifth ta			
	organization, check this box and stop	-	mot, cocoma, tima	, roardi, or marta	A your do a ocomo		>
Sec	ction C. Computation of Publi		rcentage				
	Public support percentage for 2016 (lin			olumn (f))		14	96.36 %
15	Public support percentage from 2015					15	97.59 %
	33 1/3% support test - 2016. If the or						
	stop here. The organization qualifies a	•		•		•	► X
b	33 1/3% support test - 2015. If the or						
	and stop here. The organization qualit						
17a	10% -facts-and-circumstances test						
170	and if the organization meets the "fact	_					
	meets the "facts-and-circumstances" t					_	
h	10% -facts-and-circumstances test						
L	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•				
12	Private foundation. If the organization						
10	rivate louiluation. Il the organization	T GIG TIOL CHECK &	oox on line 13, 10a	, 100, 17a, 01 17b		dule A (Form 990	

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

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

Se	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orgar	nization,
	check this box and stop here						<u></u>
	ction C. Computation of Publi						
	Public support percentage for 2016 (li					15	<u>%</u>
	Public support percentage from 2015					16	%
	ction D. Computation of Inves					l l	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2016. If the						e 17 is not
	more than 33 1/3%, check this box ar						>
k	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	▶Ш

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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2		
3a		
3b		
3с		
4a		
4b		
4c		
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5b		
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9a		
9b		
9c		
10a		
10b		
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14 Has the organization accepted a gift or contribution from any of the following persons? a A person with directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 39% controlled entity of a person described in (a) above? 7 A 39% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. 10 Did the directors, trustees, or membership of one or more supported organizations have the power to regulatly appoint or elect at least a majority of the organizations of incitors or trustees at all times during the tax year? If Vir. describe in Part VI now the supported organizations of effectively operated, supervised, or controlled the organization is activities. If the organization had more supported organizations, supervised, or controlled the organization of a reference for trustees are allocated canning the supported organizations of the provisions and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organizations/If I'ves, 'explain in Part VI in own controlled the supported organizations (I'ves, 'explain in Part VI in own controlled the supporting Organizations, I'ves, 'explain in Part VI in own controlled the supporting Organizations and virial conditions or trustees during the tax year also a majority of the directors or trustees of each of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations of the supported organizations or the organization organization organization organization organization organization organization organization organization organiza	Pa	rt IV Supporting Organizations _(continued)			
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trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	a		20		
	h		Ja		
	D		3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All					
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	y integr	ated Type III supporting org	ganization (see		
	instructions)					

Schedule A (Form 990 or 990-EZ) 2016

Par	rt V Type III Non-Fu	nctionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			,	Current Year
1	Amounts paid to supported	organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform ac	tivity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of i	ncome from activity			
3	Administrative expenses pa	id to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire ex	empt-use assets			
5	Qualified set-aside amounts	(prior IRS approval required)			
6	Other distributions (describe	e in Part VI). See instructions			
7	Total annual distributions.	Add lines 1 through 6			
8	Distributions to attentive su	pported organizations to which th	ne organization is responsive	Э	
	(provide details in Part VI). S	See instructions			
9	Distributable amount for 20	16 from Section C, line 6			
10	Line 8 amount divided by Li	ne 9 amount			
Secti	ion E - Distribution Allocati	ons (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 20	16 from Section C, line 6			
2	Underdistributions, if any, for	or years prior to 2016 (reason-			
	able cause required- explain	in Part VI). See instructions			
3	Excess distributions carryov	/er, if any, to 2016:			
а					
b					
С	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
	Applied to underdistribution	s of prior years			
	Applied to 2016 distributable				
i	Carryover from 2011 not ap	plied (see instructions)			
j	Remainder. Subtract lines 3	g, 3h, and 3i from 3f.			
4	Distributions for 2016 from				
	line 7:	\$			
а	Applied to underdistribution	s of prior years			
b	Applied to 2016 distributable	e amount			
С	Remainder. Subtract lines 4	a and 4b from 4			
5	Remaining underdistribution	ns for years prior to 2016, if			
	any. Subtract lines 3g and 4	la from line 2. For result greater			
	than zero, explain in Part VI.	See instructions			
6	Remaining underdistribution	ns for 2016. Subtract lines 3h			
	and 4b from line 1. For resu	It greater than zero, explain in			
	Part VI. See instructions				
7	Excess distributions carry	over to 2017. Add lines 3j			
	and 4c	·			
8	Breakdown of line 7:				
а					
b	Excess from 2013				
С	Excess from 2014				
d	Excess from 2015				
_е	Excess from 2016				

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 A DEWISH VOICE FOR PEACE 90-0016333 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2016

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	387,500.	167,136.
Total Excess Contributions to Schedule A Part II Line 5	,	167.136.

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

A JEWISH VOICE FOR PEACE

90-0018359

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$oxed{X}$ 501(c)($oxed{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\bigs\\$					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

A JEWISH VOICE FOR PEACE

90-0018359

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$ 230,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$ <u>76,000</u> .	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		
3		\$	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		
4		\$ 62,500.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
623452 10-18		\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)		

A JEWISH VOICE FOR PEACE

90-0018359

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 Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$	000 000.E7 or 000.PE\/2016		

Name of orga	nization			Employer identification numl	ber
A JEWI	SH VOICE FOR PEACE			90-0018359	
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	ributions to organizations decolumns (a) through (e) and	escribed in secti	on 501(c)(7), (8), or (10) that total more than \$1,0	000 for
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of	\$1,000 or less for t	the year. (Enter this info. once.)	
(a) No.	Use duplicate copies of Part III if addition	al space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	
			_		
.					
-					
		(e) Transfe	er of gift		
	Transference name address a	ad 71D . 4	В		
	Transferee's name, address, a	nd ZIP + 4	n	elationship of transferor to transferee	
-					
-					
(a) No. from	(b) Dumage of wife	(a) Use of m		(d) December of how wife is held	
Part I	(b) Purpose of gift	(c) Use of g	ш	(d) Description of how gift is held	
-	*				
		(e) Transfe	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee	
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()) !					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	
Parti					
.					
-				-	
		(e) Transfe	er of gift		
	Torontonosto nomo estámos				
	Transferee's name, address, a	nd ZIP + 4	К	elationship of transferor to transferee	
-					
(a) No. from		,,,,			
Part I	(b) Purpose of gift	(c) Use of g		(d) Description of how gift is held	
-					
_					
		(e) Transfe	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee	
Γ.			_		
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax)) (see separate instructions), then				
• ;	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
	ne of organization			Empl	oyer identification number
	A JEWIS	H VOICE FOR PEAC	E		90-0018359
Pa	art I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
1	Provide a description of the organi	zation's direct and indirect politication	al campaign activities	in Part IV.	
	Political campaign activity expendi	·	. •		
	Volunteer hours for political campa				
	·				
		ganization is exempt und			
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	5 ▶ \$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes Mo
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the or	ganization is exempt und	er section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expende	d by the filing organization for sec	ction 527 exempt func	tion activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to oth	ner organizations for s	ection 527	
	exempt function activities			▶\$	
3	Total exempt function expenditure			•	
	line 17b			▶\$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and e				
	made payments. For each organiza	ation listed, enter the amount paid	d from the filing organiz	zation's funds. Also enter th	e amount of political
	contributions received that were p			•	te segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	ide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

	3ection 301(11)).			
	expenses, and share of exces	gs to an affiliated group (and list in Part IV each affiliated is lobbying expenditures). led box A and "limited control" provisions apply.	group member's nam	e, address, EIN,
<u> </u>	Limits on Lobi	oying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub Total lobbying expenditures to influence a lea	lic opinion (grass roots lobbying) gislative body (direct lobbying)	12,765. 7,123.	
c		d 1b)	19,888.	
c			3,512,468.	
e	 Total exempt purpose expenditures (add line 	s 1c and 1d)	3,532,356.	
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	326,618.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
<u> </u>	Grassroots nontaxable amount (enter 25% o	f line 1f)	81,655.	
	Subtract line 1g from line 1a. If zero or less, e		0.	
i	Subtract line 1f from line 1c. If zero or less, e		0.	
j	If there is an amount other than zero on either	er line 1h or line 1i, did the organization file Form 4720		☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total		
2a Lobbying nontaxable amount	189,697.	257,250.	284,716.	326,618.	1,058,281.		
b Lobbying ceiling amount (150% of line 2a, column(e))					1,587,422.		
c Total lobbying expenditures	2,028.	5,449.	11,620.	19,888.	38,985.		
d Grassroots nontaxable amount	47,242.	64,313.	71,179.	81,655.	264,389.		
e Grassroots ceiling amount (150% of line 2d, column (e))					396,584.		
f Grassroots lobbying expenditures	0.	5,131.	4,315.	12,765.	22,211.		

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 A JEWISH VOICE FOR PEACE 90-001835 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 2 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) 5 Taxable amount of lobbying and political expenditures (see instructions) Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see	For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a))	(k)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 11)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it life Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization argive to carry over lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Description 162(e) nondeductible lobbying and political campaign activity expenditures from the prior year? 3 Did the organization argive to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Current year Description 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 523(e)(f)(A) notices of nonded	of th	e lobbying activity.	Yes	No	Amo	ount
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

A JEWISH VOICE FOR PEACE

Employer identification number 90-0018359

Pai	t I Organizations Maintaining Donor Advise		or Accou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fund	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	_		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
Pai				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impor	tant land area
	Protection of natural habitat	Preservation of a certif	ied historic s	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	of a conserva	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			during the tax
	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 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons-	ervation eas	ements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easemer	its during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organizat	ion's accounting for
_	conservation easements.			
Pai		-	her Simila	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheran	ice 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, e	ducation, or research in furtherance of pub	lic service, p	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre	·	gain, provid	е
	the following amounts required to be reported under SFAS 1			
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		🕨 🤄	6

632051 08-29-16

Schedule D (Form 990) 2016

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

Schedule D (Form 990) 2016

Part VII	Investn	nents -	Other	Securities	S.		
Schedule D	(Form 990) 2016	Α	JEWISH	VOICE	FOR	PEACE

		11b. See Form 990, Part X, line	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line	(b) Book value
(a) I		11d. See Form 990, Part X, line	
(a) (1) (2)		11d. See Form 990, Part X, line	
(a) (1) (2) (3)		11d. See Form 990, Part X, line	
(a) (1) (2) (3) (4)		11d. See Form 990, Part X, line	
(a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line	
(a) (b) (c) (a) (c) (c) (d) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		11d. See Form 990, Part X, line	
(a) (b) (c) (c) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		11d. See Form 990, Part X, line	
(a) (b) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		11d. See Form 990, Part X, line	
(a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line	
(a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description = 15.)		(b) Book value
(a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part	(b) Book value
(a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description e 15.) on Form 990, Part IV, line		(b) Book value
(a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part	(b) Book value
(a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part	(b) Book value
(a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part	(b) Book value
(a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part	(b) Book value
(a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part	(b) Book value
(a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part	(b) Book value
(a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part	(b) Book value
(a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	e 15.)on Form 990, Part IV, line	11e or 11f. See Form 990, Part	(b) Book value

632053 08-29-16

Schedule D (Form 990) 2016

Par	t XI Reconciliation of Revenue per Audited Financial S	tatements With Reven	ue per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total revenue, gains, and other support per audited financial statements		1	3,381,642.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С.	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			0
e	Add lines 2a through 2d			0. 3,381,642.
3	Subtract line 2e from line 1		3	3,301,042.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4- 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		1-	0.
C	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 1		4c	3,381,642.
Pai	t XII Reconciliation of Expenses per Audited Financial S			
. u.	Complete if the organization answered "Yes" on Form 990, Part IV,		noco per meta	
1	Total expenses and losses per audited financial statements		1	3,532,356.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	
a	Donated services and use of facilities	2a		
h	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	·	2e	0.
3	Subtract line 2e from line 1			3,532,356.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			.,,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			3,532,356.
	t XIII Supplemental Information.	,		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b;	Part V, line 4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		
PAF	RT X, LINE 2:			
THE	E ORGANIZATION HAS ADOPTED THE ACCOUNT	'ING GUIDANCE R	ELATED TO	UNCERTAIN
TAX	K POSITIONS, AND HAS EVAULATED ITS TAX	POSITIONS TAKE	EN FOR ALI	OPEN TAX
37777	ADG GUDDENELY MUD BIGGAI 2014 MUDOU	OII 0016 THEODAS		.D.10 .DE
YEA	ARS. CURRENTLY, THE FISCAL 2014 THROU	GH 2016 INFORM	ATION RETU	IRNS ARE
0 D T	NI AND CUDIECE EO EVANTNAETON IN MAN	A CEMENTAL A TUDO	VENU UITEDI	3 DE 310
OPI	EN AND SUBJECT TO EXAMINATION. IN MAN	AGEMENT'S JUDGI	MENT THERE	ARE NO
TTNT	NEDWATNI WAY DOGTWIONG AG OF TIME 20 2	017		
ONC	CERTAIN TAX POSITIONS AS OF JUNE 30, 2	017.		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

A JEWISH VOICE FOR PEACE

Attach to Form 990.

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

Name of the organization

Employer identification number 90-0018359

Par	rt I Types of Property							
		(a)	(b)	(c)		d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported or			_	•
		applicable		Form 990, Part VIII, line		bullon al	mount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	X	1	18,56	2.FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	7	41,00	9.FMV			
10	Securities - Closely held stock							
	Securities - Partnership, LLC, or							
	trust interests							
	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	contributions				
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	oorted in Part I, lines 1 th	rough 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.					·		
	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard con	tributions?	31		Х
	Does the organization hire or use third parties of							
	contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is	checked,			
	describe in Part II.	. ,			· 			
НΔ		the Instruc	tions for Form 00	0	Schedule I	// (Eorm	990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 16 Open to Public

Inspection

Name of the organization

A JEWISH VOICE FOR PEACE

Employer identification number 90-0018359

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

THE ORGANIZATION HAS MEMBERS. THE ONLY REQUIREMENT FOR MEMBERSHIP IS TO PAY ANNUAL DUES.

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

THE ORGANIZATION'S MEMBERS ARE VOTING MEMBERS WHO MAY ELECT MEMBERS OF THE BOARD OF DIRECTORS.

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

SOME BOARD DECISIONS ARE SUBJECT TO MEMBER APPROVAL.

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

ALL BOARD MEMBERS RECEIVE A COPY OF THE DRAFT 990 ELECTRONICALLY AND HAVE THE OPPORTUNITY TO GIVE FEEDBACK. THE TREASURER REVIEWS THE DRAFT 990 LINE BY LINE.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT IS BROUGHT TO THE BOARD ANNUALLY AND AS NEW BOARD MEMBERS JOIN THE BOARD. THE ORGANIZATION HAS A SMALL BOARD, NONE OF WHICH ARE INVOLVED IN ANY JVP TRANSACTIONS.

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

THE BOARD OF DIRECTORS CONSULTED WITH A HEADHUNTER AND THE DIRECTOR OF A FOUNDATION THAT FUNDED SIMILAR SIZED SOCIAL JUSTICE ORGANIZATIONS REGARDING THE SALARY RANGE OF THE EXECUTIVE DIRECTOR POSITION. ADDITIONAL

CONSIDERATIONS WERE THE FISCAL HEALTH AND OUTLOOK FOR THE ORGANIZATION, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

A JEWISH VOICE FOR PEACE	90-0018359
WANTING A RELATIVELY FLAT SALARY STRUCTURE IN COMPARISON	WITH THE REST OF
THE STAFF. THE SALARY RANGE WAS APPROVED BY THE BOARD, A	AND BASED ON THAT
AN OFFER WAS MADE TO THE EXECUTIVE DIRECTOR.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AZ,AL,CA,DE,ID,IN,IA,LA,MO,MT,NE,SD,TX,VT,WY	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCE	CIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
	_
	_

TAXABLE YEAR

California Exempt Organization Annual Information Return

628941 11-30-16 FORM

20	16	Annual Information Return				199
Calendar Y	ear 201	16 or fiscal year beginning (mm/dd/yyyy) $07/01/2016$, and end	ding (mm/dd/yy)	уу)	06	/30/2017 .
Corporation	/Organiz	zation name	Cali	fornia corpo	ration	number
		VOICE FOR PEACE		2366	314	1
Additional i	nformatio	on. See instructions.	FE			250
				90-0	0 T 8	359
Street addr				PMB no.		
City	теп	EGRAPH AVENUE, NO. 1020	State	ZIP code		
OAKLA	ND			9461	2	
Foreign cou		ne Foreign province/state/county	Ch	Foreign po		ode
3	,					
A First R	eturn	Yes X No J If exempt under R8	TC Section 237	01d. has t	he ord	 Janization
B Amen	ded Ret	turn • Yes X No engaged in political				
C IRC Se	ection 4	947(a)(1) trust Yes X No K Is the organization				
		tion Return? If "Yes," enter the gr	ross receipts fro	m nonme	mber	sources \$
• _	Disso	olved Surrendered (Withdrawn) Merged/Reorganized L If Organization is ex	cempt under R&	TC Section	1 2370)1d
		/dd/yyyyy) ● and meets the filing	•			
E Check	accour	nting method: (1) Cash (2) X Accrual (3) Other fee is required.				
	_	n filed? (1) ● 990T(2) ● 990-PF (3) ● Sch H (990) M Is the organization				• Yes X No
		er 990 series N Did the organization p filing? See instructions Yes X No report taxable incor				• Yes X No
G Is this H Is this	a group	p filing? See instructions Yes X No report taxable incorration Yes X No Is the organization	ile?	ho IDC or	haa th	Yes A NO
		is the parent's name?	-			
11 103	, what	P Is a federal Form 10				
I Did th	e organ	ization have any changes to its guidelines Date filed with IRS				
		to the FTB? See instructions				
Part I		plete Part I unless not required to file this form. See General Instructions B and C.				
	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8		•	1	455,326.00
	2	Gross dues and assessments from members and affiliates		•	2	00
Receipt	3	Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	STMT	<u>†</u> •	3	2,926,316.00
and	4	This line must be completed. If the result is less than \$50,000, see General Instruction B	STMT		4	3,381,642.00
Revenue	s 5	Cost of goods sold 5 Cost or other basis, and sales expenses of assets sold 6		00		
	6	T. I. A. A. I. I. G. A. I. G. G.		00	7	00
	8	Total costs. Add line 5 and line 6 Total gross income. Subtract line 7 from line 4		_ [8	3,381,642.00
	9	Total expenses and disbursements. From Side 2, Part II, line 18			9	3,532,356.00
Expense	s 10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10	-150,714.00
	11	Total payments		•	11	00
	12	Use tax. See General Instruction K			12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11		• [13	00
Filing Fe	e 14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		•	14	00
	15	Filing fee \$10 or \$25. See General Instruction F			15	N/A 00
	16	Penalties and Interest. See General Instruction J			16	00
	17 Und	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result fer penalties of perjury, I declare that I have examined this return, including accompanying schedules and true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whether the property of the p	statements, and to	the best of	17 my kn	owledge and belief,
Sign	it is			ny knowled	ge.	
Here	Sigr	nature EXECUTIVE	DTRE			● Telephone
	010	Date	Check	if		● PTIN
	Prep	parer's lature	•	nployed		P00743411
Paid		n's name	•			● FEIN
Preparer's	(0")	yours, KARISSON & LANE AN ACCOUNTANCY COR	.P •			94-2590397
Use Only	emp	4725 FIRST ST., STE. 226				Telephone
		PLEASANTON, CA 94566				(925) 271-5519
	Ma	y the FTB discuss this return with the preparer shown above? See instructions		● <u>X</u>	Yes	No

A JEWISH VOICE FOR PEACE

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

628951 11	-30-16
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Secretary			1	Gross sales or receipts from all	business activities. See instruc	tions	• [1	00
Receight			2	Interest			•	2	729.00
Second S			3	Dividends			•	3	00
Cheer Sources 6 Gross amount received from sale of assets (See Instructions) STATEMENT 3 6 3 2,02 2 7	Rece	ipts	4	Gross rents			• <u> </u>	4	7,501.00
7 Chee income	from		5	Gross royalties			•		00
8 7-total proses seles or receipts from other sources, Add line 1 through line 7. Enter here and on Side 1, Part I, line 1			6 Gross amount received from sale of assets (See Instructions) 7 Other income SEE STATEMENT 4						
Second processes and substancements SEE STATEMENT Second processes SEE STATEME	Sourc	ces							
10 0 0 0 0 0 0 0 0 0			8			_			
11 Compensation of officers, directors, and trustees			_	Dishursaments to as for member	i similar amounts paid		······································	-	00
2 1,516,971.ca 1 1 1 1 1 1 1 1 1			10	Companyation of officers direct	tore and truotoce	CFF CTA	▼ TEMENT 5 •	_	90 000 00
Expenses 13 Interest								_	
14 Taxes	Eynei	neee							00
Disburse 15 Rents 16 Depreciation and depletion (See instructions) 16 128,156 or 16 15,855 or 17 1,644,6777 or 18 3,532,356 or 18	-								
16 15,855.cm 17 Other Expenses and disbursements SEE STATEMENT 6 18 3,532,356.cm 18 3,53		ırse-							
17 Other Expenses and Disbursements SEE STATEMENT 6 17 1,644,677.cc 18 3,532,355.cc 3552,355.cc 3552,3552.cc 3552,355.cc 3552,3552.cc 35				Depreciation and depletion (See	e instructions)		•		15,855.00
18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 3,532,3556. or Schedule L Balance Sheet Beginning of taxable year End of taxable year			17	Other Expenses and Disbursem	ents	SEE STA	TEMENT 6 •	17	1,644,677.00
Schedule L Balance Sheet Beginning of taxable year End of taxable year			18	Total expenses and disburseme	ents. Add line 9 through line 17	. Enter here and on Side 1, P	art I, line 9	18	3,532,356.00
Cash	Sch	edu						of tax	able year
2 Net accounts receivable	Asset	ts			(a)	• • •			
3 Net notes receivable									• 741,892.
4 Inventories						229.			• 2,064.
5 Federal and state government obligations 6 Investments in other bonds 7 Investments in stock 8 Mortgage loans 9 Other investments 10 a Depreciable assets 5 Less accumulated depreciation 11 Land 12 Other assets 5 STMT 7 1 141,031. 1 211,295 13 Total assets 1 1,159,738. 1 1,008,095 14 Accounts payable 14 Accounts payable 15 Contributions, gifts, or grants payable 16 Bonds and notes payable 17 Mortgages payable 18 Other liabilities 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconcilitation 21 Total liabilities and net worth 22 Total liabilities and net worth 23 Total liabilities and net worth 24 Recannings or income fund 25 Paid-in or capital surplus. Attach reconciliation 26 Paid-in or capital surplus. Attach reconciliation 27 Total liabilities and net worth 28 Total liabilities and net worth 29 Total Liabilities and net worth 20 Paid-in or capital surplus. Attach reconciliation 20 Paid-in or capital surplus. Attach reconciliation of income per books with income per return 20 Don t complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year 6 Expenses recorded on books this year 7 Other income tax 8 Deductions in this return. 9 Total. Add line 7 and line 8 deducted in this return.									•
6 Investments in other bonds 7 Investments in stock 8 Mortgage loans 9 Other investments 10 a Depreciable assets 68,697. 11 Land 12 Other assets 5TMT 7 141,031. 12 Other assets 13 Total assets 11,159,738. 11,008,095 Liabilities and net worth 14 Accounts payable 15 Contributions, gifts, or grants payable 16 Bonds and notes payable 17 Mortgages payable 18 Other liabilities 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 23 Retained earnings or income fund 24 Reconciliation of income per books with income per return 25 Donot complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year of deducted in this return • Total Capital surplus. • Total Inabilities 9 Total. Add line 7 and line 8 • Total column (d), be less than \$50,000.									•
7 Investments in stock 8 Mortgage loans 9 Other investments 10 a Depreciable assets 5 Less accumulated depreciation 11 Land 12 Other assets 5 STMT 7 1 141,031. 1 141,031. 2 211,295 Liabilities and net worth 14 Accounts payable 15 Contributions, gifts, or grants payable 16 Bonds and notes payable 17 Mortgages payable 18 Other liabilities 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 23 Total sack to the conciliation of income per books with income per return 24 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year of deducted in this return • Total line of an									•
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9 Other investments 10 a Depreciable assets									•
10 a Depreciable assets 68,697. 81,962. b Less accumulated depreciation (13,263.) 55,434. (29,118.) 52,844 11 Land		_	-						•
b Less accumulated depreciation (13,263.) 55,434. (29,118.) 52,844 11 Land	10 a	Denr	reciab	le assets	68,697		81.962	2.	•
11 Land	b	Less	accu	mulated depreciation	(13,263.)	55,434.			52,844.
12 Other assets STMT 7					,	·	•		
13 Total assets Liabilities and net worth 14 Accounts payable 15 Contributions, gifts, or grants payable 16 Bonds and notes payable 17 Mortgages payable 18 Other liabilities 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 22 Total liabilities and net worth 23 Schedule M-1 Reconciliation of income per books with income per return 25 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year of deducted in this return • Total Add line 7 and line 8 Net income per return.	12 (Other a	ssets	STMT 7					• 211,295.
Liabilities and net worth 14 Accounts payable 265,676. • 264,747 15 Contributions, gifts, or grants payable • 16 Bonds and notes payable • 17 Mortgages payable • 18 Other liabilities • 19 Capital stock or principal fund • 19 Capital stock or principal fund • 10 Paid-in or capital surplus. Attach reconciliation • 10 Retained earnings or income fund • 1, 159,738. • 1,008,095 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books • -150,714. 7 Income recorded on books this year not included in this return. • 10 Net income this year against book income this year • 15 Expenses recorded on books this year not deducted in this return • 10 Net income per return.	13 T	Total a	ssets			1,159,738.			1,008,095.
15 Contributions, gifts, or grants payable 16 Bonds and notes payable 17 Mortgages payable 18 Other liabilities 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 3 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return.									
16 Bonds and notes payable						265,676.			• 264,747.
17 Mortgages payable									•
18 Other liabilities 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 23 Total liabilities and net worth 24 Total liabilities and net worth 25 Total liabilities and net worth 26 Total liabilities and net worth 27 Total liabilities and net worth 28 Total liabilities and net worth 29 Total liabilities and net worth 20 Paid-in or capital surplus. Attach reconciliation 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 23 Total liabilities and net worth 24 Income per books with income per return 25 Federal income tax 26 Income recorded on books this year 26 Income not recorded on books this year 27 Income recorded on books this year 28 Deductions in this return 29 Total. Add line 7 and line 8 30 Net income per return.									•
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21 Retained earnings or income fund 22 Total liabilities and net worth 3									
22 Total liabilities and net worth						894 062			
Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return 9 Total. Add line 7 and line 8 deducted in this return. 10 Net income per return.									1.008.095.
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books					per books with income per re				
2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return • Inot included in this return • Beductions in this return not charged against book income this year • Total. Add line 7 and line 8 10 Net income per return.							ss than \$50,000.		
2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return • Inot included in this return • Deductions in this return not charged against book income this year • Total. Add line 7 and line 8 10 Net income per return.	1 N	let inc	ome p	per books	150,7	14. 7 Income recorded	on books this year		
4 Income not recorded on books this year									
5 Expenses recorded on books this year not deducted in this return • Total. Add line 7 and line 8 10 Net income per return.						8 Deductions in thi	s return not charged		
deducted in this return • 10 Net income per return.	4 li	ncome	e not r	recorded on books this year		against book inc	ome this year		•
	5 E	xpens	ses re	corded on books this year not					
									150 514
6 Total. Add line 1 through line 5 −150 , 714 . Subtract line 9 from line 6 −150 , 714	<u>6</u> T	otal. A	Add Iir	ne 1 through line 5		Subtract line 9 fr	om line 6		-150,714.

				=
FORM 199	CASH	CONTRIBUTIONS	STATEMENT	1
	INCLUDED	ON PART I, LINE 3		

DATE OF GIFT	AMOUNT
06/30/17	230,000.
06/30/17	10,000.
06/30/17	5,000.
06/30/17	20,000.
06/30/17	10,000.
06/30/17	7,050.
06/30/17	8,000.
06/30/17	5,000.
06/30/17	5,000.
06/30/17	00.000
06/30/17	20,000. 76,000.
06/30/17	5,000.
06/30/17	12,000.
06/30/17	10,000.
06/30/17	15,000.

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06/30/17	18,000.
06/30/17	
	5,000.
06/30/17	5,000.
06/30/17	
	40,000.
06/30/17	12,000.
06/30/17	10,000.
06/30/17	5,000.
06/30/17	5,000.
06/30/17	5,000.
06/30/17	5,000.
06/30/17	10,000.
06/30/17	20,000.
06/30/17	5,000.
06/30/17	10,000.
06/30/17	10,000.
06/30/17	70,000.
06/30/17	5,000.

06/30/17

120,000.

917,550.

FORM 199	RM 199 NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3				
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS			
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT		
PUBLICLY TRADED STOCK	06/30/17	7,512.	7,512		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS			
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT		
PUBLICLY TRADED STOCK	06/30/17	10,226.	10,226		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS			
PROPERTY DESCRIPTION PUBLICLY TRADED STOCK	DATE OF GIFT 	TOTAL AMOUNT 9,910.	FMV OF GIFT 9,910		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S				
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT		
VEHICLE	06/30/17	18,562.	18,562		
TOTAL INCLUDED ON LINE	3		46,210		

FORM 199 GROSS AMOUN	NT FROM	SALE	OF	ASSET	'S	S	TATEMENT	3
DESCRIPTION		D ACQ	ATI UII		DAT SOI		THOD UIRED	
NET REALIZED GAIN ON SALES OF INVESTMENTS						PUR	CHASED	
		T OR BASIS	}	DEPRE	iC.	EXPENSE OF SALE	GROSS SALES PR	
		0.			0.	0.	3,2	02.
TOTAL TO FORM 199, PAGE 2, LN 6		0.			0.	0.	3,2	02.
FORM 199	OTHER	INCOM	Œ			S	TATEMENT	4
DESCRIPTION							AMOUNT	
CHAPTER INCOME OTHER INCOME PROGRAM FEES							179,5 21,9 242,3	59.
TOTAL TO FORM 199, PART II, LINE	Ξ 7						443,8	94.

FORM 199 COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 5
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
GRACE LILE 1611 TELEGRAPH AVENUE, NO. 1020 OAKLAND, CA 94612	CHAIR 7.00	0.
RABBI LINDA HOLTZMAN 1611 TELEGRAPH AVENUE, NO. 1020 OAKLAND, CA 94612	VICE CHAIR 5.00	0.
SETH MORRISON 1611 TELEGRAPH AVENUE, NO. 1020 OAKLAND, CA 94612	TREASURER 5.00	0.
GLEN HAUER 1611 TELEGRAPH AVENUE, NO. 1020 OAKLAND, CA 94612	SECRETARY 5.00	0.
KAREN ACKERMAN 1611 TELEGRAPH AVENUE, NO. 1020 OAKLAND, CA 94612	BOARD MEMBER 3.00	0.
PHYLLIS BENNIS 1611 TELEGRAPH AVENUE, NO. 1020 OAKLAND, CA 94612	BOARD MEMBER 3.00	0.
SCOUT BRATT 1611 TELEGRAPH AVENUE, NO. 1020 OAKLAND, CA 94612	BOARD MEMBER 3.00	0.
JOELLEN CHERNOW 1611 TELEGRAPH AVENUE, NO. 1020 OAKLAND, CA 94612	BOARD MEMBER 3.00	0.
BETH HARRIS 1611 TELEGRAPH AVENUE, NO. 1020 OAKLAND, CA 94612	BOARD MEMBER 3.00	0.
JESSIE SPECTOR 1611 TELEGRAPH AVENUE, NO. 1020 OAKLAND, CA 94612	BOARD MEMBER 3.00	0.
REBECCA VILKOMERSON 1611 TELEGRAPH AVENUE, NO. 1020 OAKLAND, CA 94612	EXECUTIVE DIRECTOR 60.00	90,000.
TOTAL TO FORM 199, PART II, LINE 11		90,000.

FORM 199 OTHER EXPENSES		STATEMENT 6
DESCRIPTION		AMOUNT
SPECIAL PROJECTS		594,242.
CHAPTER EXPENSES		133,842.
PROGRAM EVENTS AND CAMP		127,110.
PRINTING		90,741.
OTHER EMPLOYEE BENEFITS ACCOUNTING FEES		226,720. 25,351.
OTHER PROFESSIONAL FEES		81,788.
INFORMATION TECHNOLOGY		61,563.
TRAVEL		132,259.
INSURANCE		6,416.
ALL OTHER EXPENSES		164,645.
TOTAL TO FORM 199, PART II, LINE 17		1,644,677.
FORM 199 OTHER ASSETS		STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	70,000.	170,000.
PREPAID EXPENSES AND DEFERRED CHARGES	64,637.	34,701.
DEPOSITS	6,394.	6,594.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	141,031.	211,295.
TOTAL TO TOTAL 1997 BONEBOLL LY LINE 12		=======================================
FORM 199 FUND BALANCES		STATEMENT 8
FORM 199 FUND BALANCES		STATEMENT 0
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	601,155.	327,937.
TEMPORARILY RESTRICTED ASSETS	292,907.	415,411.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	894,062.	743,348.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: ct 1195	97	Check if:					
	Change of address						
A JEWISH VOICE FOR PEA	Amended report						
1611 TELEGRAPH AVENUE, Address (Number and Street)	NO. 1020	Corporate	or Organization No. 2366314				
OAKLAND, CA 94612 City or Town, State and ZIP Code		Federal En	pployer I.D. No. 90-0018359				
	RENEWAL FEE SCHEDULE (11 Cal. (eck Payable to Attorney General's Re						
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	<u>e</u>		
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$150 \$225 \$300			
PART A - ACTIVITIES							
For your most recent full accounting Gross annual revenue \$3	period (beginning $07/01/201$, 381 , 642 . Total assets \$		ng 06/30/2017) list: 008,095.				
PART B - STATEMENTS REGARDING ORG	ANIZATION DURING THE PERIOD O	F THIS RE	PORT		•		
Note: If you answer "yes" to any of the q	uestions below, you must attach a se e. Please review RRF-1 instructions f						
			-	Yes	No		
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 9							
During this reporting period, was there or funds?	any theft, embezzlement, diversion or m	nisuse of th	e organization's charitable property		х		
3. During this reporting period, did non-pro	ogram expenditures exceed 50% of gro	ss revenue	s?		х		
During this reporting period, were any c with the Internal Revenue Service, attack	h a copy.				х		
During this reporting period, were the so If "yes," provide an attachment listing the solution of the	ne name, address, and telephone numb	er of the s	ervice provider.		х		
During this reporting period, did the org name of the agency, mailing address, c	ontact person, and telephone number.				х		
7. During this reporting period, did the org the number of raffles and the date(s) th	ey occurred.				х		
Does the organization conduct a vehicle operated by the charity or whether the	e donation program? If "yes," provide an organization contracts with a commerci	n attachme al fundraise	ent indicating whether the program is er for charitable purposes. STMT 10	Х			
Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?							
Organization's area code and telephone number _	510-465-1777						
Organization's e-mail address INFO@JEWISHVOICEFORPEACE.ORG							
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.							
	BECCA VILKOMERSON		XECUTIVE DIRECTOR				
Signature of authorized officer Pri	nted Name	Tit	le Date				

FORM RRF-1 EXPLANATION OF FINANCIAL TRANSACTIONS PART B, LINE 1

STATEMENT

9

THE ORGANIZATION COMPENSATES ITS EXECUTIVE DIRECTOR, REBECCA VILKOMERSON, AS LISTED ON FORM 990, PART VII, SECTION A.

JEWISH VOICE FOR PEACE

FORM RRF-1 EXPLANATION OF VEHICLE DONATIONS PART B, LINE 8

STATEMENT 10

THE ORGANIZATION RECEIVES VEHICLE DONATIONS. THE DONATIONS ARE HANDLED BY A THIRD PARTY - INSURANCE AUTO AUCTIONS, INC.