

JOHANSON & YAU ACCOUNTANCY CORP
160 W. SANTA CLARA ST., SUITE 900
SAN JOSE, CA 95113

JEWISH FEDERATION OF SILICON VALLEY
14855 OKA ROAD, NO. 200
LOS GATOS, CA 95032

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CLIENT'S COPY



JOHANSON & YAU
ACCOUNTANCY CORPORATION

CERTIFIED PUBLIC ACCOUNTANTS
160 WEST SANTA CLARA STREET, SUITE 900
SAN JOSE, CALIFORNIA 95113-1700
PHONE: 408/288-5111 FAX: 408/288-7174

MAY 4, 2015

JEWISH FEDERATION OF SILICON VALLEY
14855 OKA ROAD NO. 200
LOS GATOS, CA 95032
ATTENTION: JYL JURMAN

DEAR MS. JURMAN:

ENCLOSED IS THE ORGANIZATION'S 2013 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN AND ANNUAL REPORT ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

CALIFORNIA FORM 199 RETURN:

THE FORM 199 RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE FTB, AND NO FURTHER ACTION IS REQUIRED. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE JUNE 15, 2015.

SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$10, PAYABLE TO FRANCHISE TAX BOARD.

MAIL TO: FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

INCLUDE THE CORPORATION NUMBER OR FEIN AND "2013 FTB 3586" ON THE CHECK OR MONEY ORDER.

CALIFORNIA FORM RRF-1 RETURN:

PLEASE SIGN AND MAIL FORM RRF-1 ON OR BEFORE MAY 15, 2015.

MAIL TO - REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

ENCLOSE A CHECK FOR \$150 MADE PAYABLE TO ATTORNEY GENERAL'S
REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE
REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION
NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

JOHANSON & YAU

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo**

Name of exempt organization

Employer identification number

JEWISH FEDERATION OF SILICON VALLEY

94-1167405

Name and title of officer

**JYL JURMAN
CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>7,529,922.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **JOHANSON & YAU ACCOUNTANCY CORP** to enter my PIN **12345**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77185323456
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

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

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEWISH FEDERATION OF SILICON VALLEY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14855 OKA ROAD 200 City or town, state or province, country, and ZIP or foreign postal code LOS GATOS, CA 95032 F Name and address of principal officer: JYL JURMAN 14855 OKA ROAD #200, LOS GATOS, CA 95032	D Employer identification number 94-1167405 E Telephone number 408 358-3033 G Gross receipts \$ 9,500,105. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.JVALLEY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1933 M State of legal domicile: CA

Part I Summary			
		1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE JEWISH FEDERATION OF SILICON VALLEY IS TO STRENGTHEN AND ENRICH THE JEWISH	
		2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	20
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	14
	6	Total number of volunteers (estimate if necessary)	75
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
	Revenue		
8		Contributions and grants (Part VIII, line 1h)	1,896,872. 3,559,796.
9		Program service revenue (Part VIII, line 2g)	3,546,931. 3,529,254.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	269,858. 393,360.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,548. 47,512.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,732,209. 7,529,922.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,744,080. 2,849,619.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,097,328. 1,026,781.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 284,345.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,344,240. 2,281,203.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,185,648. 6,157,603.
	19	Revenue less expenses. Subtract line 18 from line 12	-453,439. 1,372,319.
Net Assets or Fund Balances			Beginning of Current Year End of Year
	20	Total assets (Part X, line 16)	27,383,962. 29,393,199.
	21	Total liabilities (Part X, line 26)	2,815,055. 3,021,009.
	22	Net assets or fund balances. Subtract line 21 from line 20	24,568,907. 26,372,190.

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here		▶ Signature of officer	Date		
		▶ JYL JURMAN, CEO	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	FREDERICK U LEONARD				P00016824
	Firm's name ▶ JOHANSON & YAU ACCOUNTANCY CORP	Firm's EIN ▶ 94-2702860			
	Firm's address ▶ 160 W. SANTA CLARA ST., SUITE 900 SAN JOSE, CA 95113			Phone no. (408) 288-5111	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE JEWISH FEDERATION OF SILICON VALLEY IS TO STRENGTHEN AND ENRICH THE JEWISH COMMUNITY LOCALLY, IN ISRAEL AND THROUGHOUT THE WORLD. OUR EFFORTS SUPPORT EDUCATIONAL, SOCIAL SERVICE AND CHARITABLE PROGRAMS THAT EXEMPLIFY THE JEWISH VALUES OF K'LAL

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

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

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

4a (Code:) (Expenses \$ 2,849,619. including grants of \$ 2,849,619.) (Revenue \$) DESIGNATED GIVING TO FUND & SUPPORT AGENCIES AND PROGRAMS INCLUDING JEWISH COMMUNITY CENTER, LOCAL DAY SCHOOLS & SYNAGOGUES

4b (Code:) (Expenses \$ 1,792,290. including grants of \$) (Revenue \$ 3,200,225.) LEVY FAMILY CAMPUS - DEVELOP, OPERATE AND MAINTAIN A COMMUNITY CAMPUS FOR THE PURPOSE OF HOUSING JEWISH AGENCIES AND NON-PROFIT ORGANIZATIONS WHICH PROVIDE SERVICES TO THE LOCAL JEWISH COMMUNITY . OF THE TOTAL REVENUE OF \$3,200,225 THE AMOUNT OF \$1,924,768 IS GRANTED BACK TO THESE ORGANIZATIONS IN THE FORM OF FREE RENT. THESE GRANTS ARE REPORTED IN FORM 990 AS PART OF THE DESIGNATED GIVING REPORTED ON LINE 4A ABOVE.

4c (Code:) (Expenses \$ 56,321. including grants of \$) (Revenue \$ 57,128.) JEWISH COMMUNITY NEWS - PUBLISHES A COMMUNITY PERIODICAL HIGHLIGHTING LOCAL JEWISH COMMUNITY NEWS, EVENTS AND ACTIVITIES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 790,064. including grants of \$) (Revenue \$ 319,413.)

4e Total program service expenses 5,488,294.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

Main form body containing questions 1a through 14b with Yes/No columns and input fields.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included in line 1a, above, who are independent (20); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JYL JURMAN - 408 358-3033 14855 OKA ROAD, SUITE 200, LOS GATOS, CA 95032

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE ELLENBERG IMMEDIATE PAST PRESIDENT	4.00	X					0.	0.	0.	
(2) LINDA FOX MIGHDOLL COMMUNITY PLANNING V.P.	4.00	X					0.	0.	0.	
(3) SUSAN GAVENS WOMEN'S PHILANTHROPY PRESI	4.00	X					0.	0.	0.	
(4) ALLEN GUGGENHEIM TREASURER, V.P.	4.00	X					0.	0.	0.	
(5) JEFFREY KANEL CHAIRMAN OF THE BOARD	4.00	X					0.	0.	0.	
(6) JULIE KRIGEL ANNUAL CAMPAIGN V.P.	4.00	X					0.	0.	0.	
(7) JOEL RUBNITZ CAMPUS GOVERNANCE V.P.	4.00	X					0.	0.	0.	
(8) RABBI MELANIE ARON DIRECTOR	4.00	X					0.	0.	0.	
(9) GINNY BAIRD DIRECTOR	4.00	X					0.	0.	0.	
(10) LARRY DIBOWITZ DIRECTOR	4.00	X					0.	0.	0.	
(11) HOWARD FINE DIRECTOR	4.00	X					0.	0.	0.	
(12) BRANDY IVENER DIRECTOR	4.00	X					0.	0.	0.	
(13) STEPHEN JACKSON DIRECTOR	4.00	X					0.	0.	0.	
(14) JONATHAN KATZ DIRECTOR	4.00	X					0.	0.	0.	
(15) MARC LEVITT DIRECTOR	4.00	X					0.	0.	0.	
(16) DAVID MYRON DIRECTOR	4.00	X					0.	0.	0.	
(17) LEWIS OSOFSKY DIRECTOR	4.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TINA ROSENBLUM DIRECTOR	4.00	X						0.	0.	0.
(19) RICK TAVAN DIRECTOR	4.00	X						0.	0.	0.
(20) PETER ULLMANN DIRECTOR	4.00	X						0.	0.	0.
(21) JONATHAN WITKIN DIRECTOR	4.00	X						0.	0.	0.
(22) JYL JURMAN CEO	40.00			X				197,098.	0.	54,984.
1b Sub-total							197,098.	0.	54,984.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							197,098.	0.	54,984.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,559,796.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		3,559,796.				
	Program Service Revenue	2 a LEVY FAMILY CAMPUS	Business Code 611710	3,200,225.	3,200,225.		
b PROGRAM REVENUE		611710	271,901.	271,901.			
c COMMUNITY NEWSPAPER		511110	57,128.	57,128.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			3,529,254.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		170,214.			170,214.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		2,193,329.			
		c Gain or (loss)		1,970,183.			
	d Net gain or (loss)		223,146.			223,146.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER REVENUE	611710	47,512.	47,512.				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		47,512.				
12 Total revenue. See instructions.		7,529,922.	3,576,766.	0.	393,360.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,849,619.	2,849,619.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	197,098.	118,259.	19,710.	59,129.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	626,891.	437,975.	90,583.	98,333.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	202,792.	135,170.	29,357.	38,265.
11 Fees for services (non-employees):				
a Management				
b Legal	47,251.		47,251.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	14,869.	8,601.	11.	6,257.
13 Office expenses	73,806.	68,572.	4,533.	701.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	30,644.	6,273.	17,197.	7,174.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,429.	808.	1,478.	3,143.
20 Interest	51,708.	51,708.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	534,672.	531,109.	3,563.	
23 Insurance	46,450.	32,655.	13,795.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LEVY FAMILY CAMPUS	764,079.	764,079.		
b CAMPAIGN PROGRAMS	285,562.	218,686.	319.	66,557.
c REPAIR AND MAINTENANCE	174,888.	169,346.	5,542.	
d BAD DEBT	43,071.		43,071.	
e All other expenses	208,774.	95,434.	108,554.	4,786.
25 Total functional expenses. Add lines 1 through 24e	6,157,603.	5,488,294.	384,964.	284,345.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,018,214.	1	2,432,252.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	810,315.	3	935,006.	
	4 Accounts receivable, net	175,100.	4	180,444.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net	1,172,450.	7	1,149,290.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9	797.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,995,553.			
	b Less: accumulated depreciation	10b 5,086,516.	18,356,774.	10c	17,909,037.
	11 Investments - publicly traded securities	4,576,859.	11	5,500,810.	
	12 Investments - other securities. See Part IV, line 11	1,274,250.	12	1,285,563.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,383,962.	16	29,393,199.		
Liabilities	17 Accounts payable and accrued expenses	167,316.	17	327,181.	
	18 Grants payable	69,694.	18	73,848.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	2,524,489.	23	2,474,224.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	53,556.	25	145,756.	
	26 Total liabilities. Add lines 17 through 25	2,815,055.	26	3,021,009.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	20,175,127.	27	21,922,096.	
	28 Temporarily restricted net assets	1,855,570.	28	1,828,142.	
	29 Permanently restricted net assets	2,538,210.	29	2,621,952.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	24,568,907.	33	26,372,190.		
34 Total liabilities and net assets/fund balances	27,383,962.	34	29,393,199.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,529,922.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,157,603.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,372,319.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,568,907.
5	Net unrealized gains (losses) on investments	5	430,964.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,372,190.

Part XII Financial Statements and Reporting

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

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

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **JEWISH FEDERATION OF SILICON VALLEY** Employer identification number **94-1167405**

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,811,523.	2,174,351.	1,994,689.	1,915,420.	3,607,308.	11,503,291.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,811,523.	2,174,351.	1,994,689.	1,915,420.	3,607,308.	11,503,291.
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)						1,023,479.
6 Public support. Subtract line 5 from line 4.						10,479,812.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,811,523.	2,174,351.	1,994,689.	1,915,420.	3,607,308.	11,503,291.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	136,927.	130,715.	122,404.	123,966.	170,214.	684,226.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	101,736.	66,125.	58,481.	56,451.	57,128.	339,921.
11 Total support. Add lines 7 through 10						12,527,438.
12 Gross receipts from related activities, etc. (see instructions)					12	16,474,922.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	83.65 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	79.88 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

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

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

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

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

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

PART II, LINE 10

EXPLANATION: EVENT REVENUE FROM SPECIAL EVENTS

Multiple horizontal lines for providing supplemental information.

Schedule A **Identification of Excess Contributions** **2013**
Included on Part II, Line 5

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
MYRA REINHARD	591,524.	340,975.
ELI REINHARD	622,881.	372,332.
BONNIE SLAVITT MOORE	285,707.	35,158.
DAN MAYDAN	495,165.	244,616.
DOROTHY FRANKEL	280,947.	30,398.
Total Excess Contributions to Schedule A, Part II, Line 5	1,023,479.	

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

2013

Name of the organization

Employer identification number

JEWISH FEDERATION OF SILICON VALLEY

94-1167405

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Name of organization JEWISH FEDERATION OF SILICON VALLEY	Employer identification number 94-1167405
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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	DOROTHY FRANKEL 14855 OKA ROAD #200 LOS GATOS, CA 95032	\$ 195,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MYRA REINHARD 14855 OKA ROAD #200 LOS GATOS, CA 95032	\$ 155,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ELI REINHARD 14855 OKA ROAD #200 LOS GATOS, CA 95032	\$ 120,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DAN MAYDAN 14855 OKA ROAD #200 LOS GATOS, CA 95032	\$ 99,776.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ALLEN RUBY 14855 OKA ROAD #200 LOS GATOS, CA 95032	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH FEDERATION OF SILICON VALLEY	Employer identification number 94-1167405
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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
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization JEWISH FEDERATION OF SILICON VALLEY	Employer identification number 94-1167405
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

JEWISH FEDERATION OF SILICON VALLEY

Employer identification number

94-1167405

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes, a table for held at the end of the tax year (lines 2a-2d), and several numbered questions regarding monitoring and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a regarding reporting requirements and amounts.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,538,210.	2,302,003.	2,432,726.	2,141,275.	2,104,708.
b Contributions					
c Net investment earnings, gains, and losses	83,742.	392,957.	33,242.	438,127.	200,336.
d Grants or scholarships	0.	-156,750.	-163,965.	-146,676.	-163,769.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,621,952.	2,538,210.	2,302,003.	2,432,726.	2,141,275.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	4,200,000.			4,200,000.
b Buildings	18,293,106.		4,598,648.	13,694,458.
c Leasehold improvements				
d Equipment	502,447.		487,868.	14,579.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				17,909,037.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DONOR DESIGNATED FUND PAYABLE	5,756.
(3) ENDOWMENT HELD FOR ANOTHER	
(4) ORGANIZATION	140,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	145,756.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 7,960,886, adjusted to 7,529,922.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 6,157,603, adjusted to 6,157,603.

Part XIII Supplemental Information.

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

Series of horizontal lines provided for entering supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

JEWISH FEDERATION OF SILICON VALLEY

Employer identification number

94-1167405

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADDISON PENZAK JEWISH COMMUNITY CENTER - 14855 OKA ROAD, SUITE 201 - LOS GATOS, CA 95032	94-2222989		163,090.	0.			GENERAL FUND GENERAL FUND, FACILIITES
AMERICAN FRIENDS OF THE YITZHAK RABIN CENTER - 36-12 34 AVENUE, 4TH FLOOR - NEW YORK, NY 11106	13-3962392		5,000.	0.			GENERAL FUND, FACILITIES
CHAI HOUSE 814 ST. ELIZABETH DRIVE SAN JOSE, CA 95126	77-0064726		18,655.	0.			GENERAL FUND
CONGREGATION BETH DAVID 19700 PROSPECT ROAD SARATOGA, CA 95070	94-1682250		13,500.	0.			GENERAL FUND
CONGREGATION SINAI 1532 WILLOWBRAE AVENUE SAN JOSE, CA 95125	94-1546644		12,176.	0.			GENERAL FUND
FRIENDS OF TEL AVIV SOURASKY MEDICAL CENTER, INC. - 1461 FIRST AVENUE, BOX 150 - NEW YORK, NY 10075			100,000.	0.			GENERAL FUND

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

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

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL OF SILICON VALLEY 336 E. WILLIAM STREET SAN JOSE, CA 95112	77-0575153		59,976.	0.			GENERAL FUND
JEWISH FAMILY SERVICES 14855 OKA ROAD, SUITE 202 LOS GATOS, CA 95032	94-2536452		134,787.	0.			GENERAL FUND, FACILITIES
JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004-1010	13-1624240		142,099.	0.			FAIR SHARE DUES
OPERA SAN JOSE 2149 PARAGON DRIVE SAN JOSE, CA 95131	77-0009773		5,000.	0.			GENERAL FUND
SJSU JEWISH STUDIES DEPARTMENT 1 WASHINGTON SQUARE SAN JOSE, CA 95192	83-0403915		6,500.	0.			GENERAL FUND
SO. PENINSULA HEBREW DAY SCHOOL 1030 ASTORIA DRIVE SUNNYVALE, CA 94087	94-2174555		20,000.	0.			GENERAL FUND
TEMPLE EMANU-EL RELIGIOUS SCHOOL 1010 UNIVERSITY AVENUE SAN JOSE, CA 95126	94-1132316		11,200.	0.			GENERAL FUND
YAVNEH DAY SCHOOL 14855 OKA ROAD, SUITE 100 LOS GATOS, CA 95032	94-2719901		95,100.	0.			GENERAL FUND, FACILITIES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

PART I, LINE 2:

EXPLANATION: THIS ORGANIZATION ASSIGNS A SPECIFIC PURPOSE FOR CERTAIN GRANT FUNDS. EACH GRANTEE RECEIVING A FUND WITH A DESIGNATED PURPOSE IS REQUIRED TO REPORT ITS USE OF THE GRANT FUND BACK TO THE ORGANIZATION.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

JEWISH FEDERATION OF SILICON VALLEY

Employer identification number

94-1167405

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JYL JURMAN CEO	(i)	197,098.	0.	0.	26,532.	28,452.	252,082.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

JEWISH FEDERATION OF SILICON VALLEY

Employer identification number

94-1167405

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

COMMUNITY LOCALLY, IN ISRAEL AND THROUGHOUT THE WORLD. OUR EFFORTS

SUPPORT EDUCATIONAL, SOCIAL SERVICE AND CHARITABLE PROGRAMS THAT

EXEMPLIFY THE JEWISH VALUES OF K'LAL YISRAEL (TAKING RESPONSIBILITY FOR

ONE ANOTHER), TZEDAKAH (CHARITY AND RIGHTEOUSNESS), AND TIKKUN OLAM

(REPAIRING THE WORLD).

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

YISRAEL (TAKING RESPONSIBILITY FOR ONE ANOTHER), TZEDAKAH (CHARITY AND

RIGHTEOUSNESS), AND TIKKUN OLAM (REPAIRING THE WORLD).

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

PROVIDES A COMMUNITY CHAPLAIN, OUTREACH EVENTS, E-NEWSLETTER & WEB

SERVICES, MEMBER OF JEWISH COMMUNITY RELATIONS COUNCIL, SILICON VALLEY

HOLOCAUST SURVIVORS GROUP, ISRAEL TRIP AND SUMMER CAMP SCHOLARSHIPS TO

INDIVIDUALS.

EXPENSES \$ 790,064. INCLUDING GRANTS OF \$ 0. REVENUE \$ 319,413.

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

EXPLANATION: ONE BOARD MEMBER IS A COUSIN TO THE EXECUTIVE DIRECTOR.

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

EXPLANATION: THE TAX RETURN IS REVIEWED AND APPROVED BY THE FINANCE

COMMITTEE. COPIES ARE MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF

DIRECTORS VIA A NON-PUBLIC WEBSITE

Name of the organization JEWISH FEDERATION OF SILICON VALLEY	Employer identification number 94-1167405
---	--

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

EXPLANATION: OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AND SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. DISCLOSURES ARE REVIEWED BY MANAGEMENT AND THE EXECUTIVE COMMITTEE WHICH ARE RESPONSIBLE FOR FOLLOW-UP.

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

EXPLANATION: THE CEO'S CONTRACT IS NEGOTIATED WITH THE PRESIDENT ALONG WITH 2 EXECUTIVE COMMITTEE MEMBERS. THE SALARY IS BASED ON COMPARABILITY OF JEWISH FEDERATION CEO'S WITH SIMILAR SIZE COMMUNITIES AND CAMPAIGN AMOUNTS THROUGH A CEO COMPENSATION SURVEY THAT JFNA PROVIDES EACH YEAR. IN ADDITION, SALARIES OF CEO'S IN LOCAL JEWISH AGENCIES ARE CONSIDERED.

FORM 990, PART VI, SECTION C, LINE 18:

EXPLANATION: FORM 990 IS AVAILABLE TO PUBLIC UPON REQUEST THROUGH TELEPHONE OR EMAIL.

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

EXPLANATION: ANYBODY WHO NEEDS THIS INFORMATION CAN CONTACT THE JEWISH FEDERATION OFFICE THROUGH TELEPHONE OR EMAIL. CONTACT INFORMATION IS AVAILABLE ON THE INTERNET.

PART XI LINE 2C

EXPLANATION: THE ORGANIZATION HAS A 3 MEMBER AUDIT COMMITTEE OF THE BOARD THAT IS RESPONSIBLE FOR SELECTING AN INDEPENDENT AUDITOR EACH YEAR. THE MAKE-UP OF THE AUDIT COMMITTEE COMPLIES WITH CALIFORNIA LAW. THE CFO AND AUDIT COMMITTEE REVIEW THE AUDIT PLAN WITH THE AUDITOR. A DRAFT OF THE FINANCIAL STATEMENT AND AUDIT FINDINGS ARE DISCUSSED BY

Name of the organization

JEWISH FEDERATION OF SILICON VALLEY

Employer identification number
94-1167405

THE AUDITOR WITH THE COMMITTEE PRIOR TO ISSUANCE OF THE FINANCIAL
STATEMENT.

Lined area for auditor statement.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	BUILDINGS							
61	IMPROVEMENTS							
	07/31/06	SL	20.00	16	7,572.		2,272.	379.
62	IMPROVEMENTS							
	07/27/06	SL	20.00	16	945.		327.	47.
63	IMPROVEMENTS							
	04/09/07	SL	20.00	16	2,270.		710.	114.
64	IMPROVEMENTS							
	04/17/07	SL	20.00	16	684.		211.	34.
65	IMPROVEMENTS							
	05/09/07	SL	20.00	16	2,591.		799.	130.
66	IMPROVEMENTS							
	06/08/07	SL	20.00	16	3,300.		990.	165.
67	ROOF SCREENS							
	07/10/07	SL	20.00	16	33,044.		9,775.	1,652.
68	MIKVAH IMPROVEMENTS							
	07/27/07	SL	20.00	16	10,609.		3,138.	530.
69	MIKVAH IMPROVEMENTS							
	09/22/07	SL	20.00	16	67,560.		19,986.	3,378.
70	MIKVAH IMPROVEMENTS							
	09/30/07	SL	20.00	16	108,028.		31,958.	5,401.
71	MIKVAH IMPROVEMENTS							
	10/23/07	SL	20.00	16	35,820.		10,597.	1,791.
72	MIKVAH IMPROVEMENTS							
	11/30/07	SL	20.00	16	18,427.		5,451.	921.
73	MIKVAH IMPROVEMENTS							
	12/31/07	SL	20.00	16	6,240.		1,846.	312.
74	MIKVAH IMPROVEMENTS							
	05/09/08	SL	20.00	16	17,605.		5,208.	880.
75	MIKVAH DESIGN							
	01/01/08	SL	20.00	16	1,991.		590.	100.
76	JCC PRESCHOOL C4 PROJECT							
	06/25/07	SL	20.00	16	45,897.		13,578.	2,295.
77	JCC PRESCHOOL C4 PROJECT							
	07/27/07	SL	20.00	16	109,320.		32,341.	5,466.
78	JCC PRESCHOOL C4 PROJECT							
	05/28/08	SL	20.00	16	19,797.		5,857.	990.
79	IMPROVEMENTS							
	12/31/07	SL	20.00	16	6,000.		1,775.	300.
80	CANOPY							
	11/20/13	SL	20.00	16	8,672.		253.	253.
81	BUILDING - OKA ROAD							
	09/30/05	SL	35.00	16	17,702,675.		3,919,878.	505,791.
83	BUILDING - OKA ROAD							
	09/30/13	SL	35.00	16	84,060.			1,801.
	* 990 PAGE 10 TOTAL BUILDINGS							
					18,293,107.	0.	4,067,540.	532,730.
	FURNITURE & FIXTURES							
30	WORKSTATION							
	12/29/98	SL	5.00	16	520.		520.	0.
31	HEAVY DUTY SHREDDER							
	10/15/03	SL	5.00	16	1,515.		1,515.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
32	OFFICE WORKSTATIONS							
	081505	SL	5.00	16	4,940.		4,939.	0.
33	OFFICE WORKSTATIONS							
	082905	SL	5.00	16	1,829.		1,829.	0.
34	OFFICE WORKSTATIONS							
	083005	SL	5.00	16	290.		290.	0.
35	OFFICE WORKSTATIONS							
	090105	SL	5.00	16	200.		200.	0.
36	MARKER BOARDS							
	101405	SL	5.00	16	16,500.		16,500.	0.
37	SHELVING							
	101405	SL	5.00	16	17,268.		17,268.	0.
38	SHELVING FOR PAST PRESIDENT PROJECT							
	042607	SL	5.00	16	836.		836.	0.
39	FURNITURE FOR LOBBY							
	060507	SL	5.00	16	7,039.		7,039.	0.
40	JYL'S CHAIR							
	071007	SL	5.00	16	898.		899.	0.
41	SUKKAH							
	092107	SL	5.00	16	1,850.		1,851.	0.
42	HISTORIC DONORS BOARD							
	012209	SL	5.00	16	6,587.		5,818.	769.
43	CFO OFFICE CONFIGURATION							
	070612	SL	5.00	16	1,282.		256.	256.
44	DONOR WALL							
	013113	SL	5.00	16	10,158.		846.	2,032.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES							
					71,712.	0.	60,606.	3,057.
	MACHINERY & EQUIPMENT							
1	COMPUTER & NETWORKS (10 PENTIUM 166)							
	062797	SL	5.00	16	28,982.		28,982.	0.
2	BLACKBAUD SOFTWARES							
	070198	SL	5.00	16	25,448.		25,448.	0.
3	PANASONIC PHONE & OCTEL VOICE MAIL							
	110198	SL	5.00	16	8,821.		8,821.	0.
4	3COM NET EQUIPMENT							
	063099	SL	5.00	16	4,415.		4,415.	0.
5	SERVER TAPE DRIVE							
	071299	SL	5.00	16	679.		679.	0.
6	PC							
	083199	SL	5.00	16	13,836.		13,836.	0.
7	3COM 10/100 2X PORT AUTOSER							
	092799	SL	5.00	16	1,299.		1,299.	0.
8	TELEPHONE/VOICE MAIL UPGRADE							
	102899	SL	5.00	16	1,471.		1,471.	0.
9	SONIC FIREWALL							
	120899	SL	5.00	16	1,943.		1,943.	0.
10	HP LASER JET 4050N							
	120899	SL	5.00	16	1,630.		1,630.	0.
11	PC (ACCOUNTING)							
	020100	SL	5.00	16	1,017.		1,017.	0.
12	SOFTWARE-BLACKBAUD CASH RECEIPTS							
	091500	SL	5.00	16	1,141.		1,141.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
13	SONY DIGITAL CAMERA							
	12/20/00	SL	5.00	16	1,135.		1,135.	0.
14	VIEWSONIC PJ LCD PROJECTOR							
	12/19/00	SL	5.00	16	5,971.		5,971.	0.
15	COMPUTER							
	01/15/02	SL	5.00	16	6,668.		6,668.	0.
16	HP SERVER TC2 WITH P4 2.0							
	12/03/02	SL	5.00	16	2,475.		2,475.	0.
17	HP COMPUTER							
	05/31/03	SL	5.00	16	869.		869.	0.
18	DELL NOTEBOOK (BRIAN'S)							
	06/01/03	SL	5.00	16	2,851.		2,851.	0.
19	HP COMPUTER							
	07/31/03	SL	3.00	16	1,015.		1,015.	0.
20	DELL COMPUTER							
	08/31/03	SL	3.00	16	843.		843.	0.
21	FIREWALL							
	03/09/04	SL	3.00	16	1,851.		1,851.	0.
22	COMPUTER							
	03/09/04	SL	5.00	16	657.		657.	0.
23	DELL SERVER							
	08/04/04	SL	3.00	16	5,132.		5,132.	0.
24	BLACKBAUD SOFTWARE							
	06/11/05	SL	3.00	16	3,900.		3,900.	0.
25	MEMORY FOR JYL'S COMPUTER							
	06/10/78	SL	3.00	16	40.		40.	0.
26	JYL'S COMPUTER							
	06/10/07	SL	3.00	16	1,731.		1,731.	0.
27	JERI'S COMPUTER							
	07/10/07	SL	5.00	16	981.		980.	0.
28	ELISA'S COMPUTER							
	10/21/08	SL	5.00	16	433.		405.	28.
29	NEW SERVER							
	05/31/13	SL	5.00	16	4,203.		70.	841.
45	HP 2300 PRINTER							
	02/03/04	SL	5.00	16	1,278.		1,278.	0.
46	MINOLTA DIMAGE CAMERA							
	04/29/04	SL	5.00	16	1,018.		1,018.	0.
47	PLATINUM PLUS							
	09/12/05	SL	5.00	16	4,000.		4,000.	0.
48	DOOR INTERCOM THROUGH PHONE SYSTEM							
	09/21/05	SL	5.00	16	1,265.		1,265.	0.
49	PHONE SYSTEM							
	09/26/05	SL	3.00	16	32,700.		32,700.	0.
50	PANASONIC PHONE & OCTEL VOICE MAIL							
	09/28/05	SL	3.00	16	370.		370.	0.
51	PANASONIC PHONE & OCTEL VOICE MAIL							
	09/30/05	SL	3.00	16	8,180.		8,180.	0.
52	PANASONIC PHONE & OCTEL VOICE MAIL							
	09/30/05	SL	3.00	16	40,900.		40,900.	0.
53	TV							
	10/12/05	SL	3.00	16	1,501.		1,501.	0.
54	CABLES, SWITCHES, RACK MOUNTS							
	10/17/05	SL	3.00	16	9,432.		9,432.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
55	VIDEO & PHONE SYSTEM							
	10/31/05	SL	3.00	16	4,634.		4,634.	0.
56	NETWORKING EQUIPMENT							
	10/31/05	SL	3.00	16	2,650.		2,650.	0.
57	ASI							
	06/05/06	SL	5.00	16	381.		381.	0.
58	LIGHTNING, SOUND AND SOFT GOODS							
	01/04/07	SL	5.00	16	134,399.		134,399.	0.
59	LIGHTNING, SOUND AND SOFT GOODS							
	02/11/07	SL	5.00	16	48,385.		48,385.	0.
60	LIGHTNING, SOUND AND SOFT GOODS							
	04/01/07	SL	5.00	16	5,329.		5,329.	0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT							
					427,859.	0.	423,697.	869.
	OTHER							
82	LAND							
	09/30/05	L			4,200,000.			0.
84	FURNITURE							
	10/15/13	SL	5.00	16	2,875.			431.
	* 990 PAGE 10 TOTAL OTHER							
					4,202,875.	0.	0.	431.
	* GRAND TOTAL 990 PAGE 10 DEPR							
					22,995,553.	0.	4,551,843.	537,087.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. JEWISH FEDERATION OF SILICON VALLEY	Employer identification number (EIN) or 94-1167405
	Number, street, and room or suite no. If a P.O. box, see instructions. 14855 OKA ROAD, NO. 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS GATOS, CA 95032	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JYL JURMAN

• The books are in the care of **14855 OKA ROAD, SUITE 200 - LOS GATOS, CA 95032**
Telephone No. **408 358-3033** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2015**.

5 For calendar year , or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
COMPLEX ACCOUNTING TRANSACTIONS HAVE DELAYED COMPLETION OF THE RETURN. ONCE THESE TRANSACTIONS HAVE BEEN COMPILED, A COMPLETE AND ACCURATE RETURN WILL BE FILED IMMEDIATELY.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

California Exempt Organization
Annual Information Return

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 07/01/2013, and ending (mm/dd/yyyy) 06/30/2014

Corporation/Organization Name JEWISH FEDERATION OF SILICON VALLEY			California corporation number 0251155
Address (suite, room, or PMB no.) 14855 OKA ROAD, NO. 200			FEIN 94-1167405
City LOS GATOS	State CA	ZIP Code 95032	

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p>J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	5,940,309.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	3,559,796.00
	4	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	4	9,500,105.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	1,970,183.00
	7	Total costs. Add line 5 and line 6	7	1,970,183.00
	8	Total gross income. Subtract line 7 from line 4	8	7,529,922.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	6,160,018.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,369,904.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer CEO	Date	Telephone 408 358-3033
Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P00016824
Firm's name (or yours, if self-employed) and address JOHANSON & YAU ACCOUNTANCY CORP 160 W. SANTA CLARA ST., SUITE 900 SAN JOSE, CA 95113		FEIN 94-2702860 Telephone (408) 288-5111

May the FTB discuss this return with the preparer shown above? See instructions Yes No

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00	
	2	Interest	2	170,214.00	
	3	Dividends	3	00	
	4	Gross rents	4	00	
	5	Gross royalties	5	00	
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	6	2,193,329.00	
	7	Other income SEE STATEMENT 3	7	3,576,766.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	5,940,309.00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 11	9	2,849,619.00	
	10	Disbursements to or for members	10	00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	11	197,098.00	
	12	Other salaries and wages	12	626,891.00	
	Expenses and Disbursements	13	Interest	13	51,708.00
		14	Taxes	14	202,792.00
		15	Rents	15	00
		16	Depreciation and depletion (See instructions)	16	537,087.00
		17	Other Expenses and Disbursements SEE STATEMENT 5	17	1,694,823.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	6,160,018.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		1,018,214.		2,432,252.
2 Net accounts receivable		175,100.		180,444.
3 Net notes receivable STMT 6		1,172,450.		1,149,290.
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock STMT 7		4,576,859.		5,500,810.
8 Mortgage loans				
9 Other investments STMT 8		1,274,250.		1,285,563.
10 a Depreciable assets	18,708,618.		18,795,553.	
b Less accumulated depreciation	(4,551,844.)	14,156,774. (5,086,516.)		13,709,037.
11 Land		4,200,000.		4,200,000.
12 Other assets STMT 9		810,315.		935,803.
13 Total assets		27,383,962.		29,393,199.
Liabilities and net worth				
14 Accounts payable		167,316.		327,181.
15 Contributions, gifts, or grants payable		69,694.		73,848.
16 Bonds and notes payable				
17 Mortgages payable		2,524,489.		2,474,224.
18 Other liabilities STMT 10		53,556.		145,756.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		24,568,907.		26,372,190.
22 Total liabilities and net worth		27,383,962.		29,393,199.

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	• 1,369,904.	7	Income recorded on books this year not included in this return.	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	1,369,904.
6	Total. Add line 1 through line 5	1,369,904.			

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,970,183.	0.	0.	2,193,329.
TOTAL TO FORM 199, PAGE 2, LN 6	1,970,183.	0.	0.	2,193,329.

FORM 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
OTHER REVENUE	47,512.
LEVY FAMILY CAMPUS	3,200,225.
COMMUNITY NEWSPAPER	57,128.
PROGRAM REVENUE	271,901.
TOTAL TO FORM 199, PART II, LINE 7	3,576,766.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
STEVE ELLENBERG 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	IMMEDIATE PAST PRESIDENT 4.00	0.
LINDA FOX MIGHDOLL 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	COMMUNITY PLANNING V.P. 4.00	0.
SUSAN GAVENS 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	WOMEN'S PHILANTHROPY PRESI 4.00	0.
ALLEN GUGGENHEIM 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	TREASURER, V.P. 4.00	0.
JEFFREY KANEL 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	CHAIRMAN OF THE BOARD 4.00	0.
JULIE KRIGEL 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	ANNUAL CAMPAIGN V.P. 4.00	0.
JOEL RUBNITZ 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	CAMPUS GOVERNANCE V.P. 4.00	0.
RABBI MELANIE ARON 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	DIRECTOR 4.00	0.
GINNY BAIRD 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	DIRECTOR 4.00	0.
LARRY DIBOWITZ 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	DIRECTOR 4.00	0.
HOWARD FINE 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	DIRECTOR 4.00	0.

BRANDY IVENER 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	DIRECTOR 4.00	0.
STEPHEN JACKSON 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	DIRECTOR 4.00	0.
JONATHAN KATZ 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	DIRECTOR 4.00	0.
MARC LEVITT 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	DIRECTOR 4.00	0.
DAVID MYRON 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	DIRECTOR 4.00	0.
LEWIS OSOFSKY 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	DIRECTOR 4.00	0.
TINA ROSENBLUM 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	DIRECTOR 4.00	0.
RICK TAVAN 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	DIRECTOR 4.00	0.
PETER ULLMANN 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	DIRECTOR 4.00	0.
JONATHAN WITKIN 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	DIRECTOR 4.00	0.
JYL JURMAN 14855 OKA ROAD, NO. 200 LOS GATOS, CA 95032	CEO 40.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

FORM 199 OTHER EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
LEVY FAMILY CAMPUS	764,079.
CAMPAIGN PROGRAMS	285,562.
REPAIR AND MAINTENANCE	174,888.
BAD DEBT	43,071.
LEGAL FEES	47,251.
ADVERTISING AND PROMOTION	14,869.
OFFICE EXPENSES	73,806.
TRAVEL	30,644.
CONFERENCES AND CONVENTIONS	5,429.
INSURANCE	46,450.
ALL OTHER EXPENSES	208,774.
TOTAL TO FORM 199, PART II, LINE 17	1,694,823.

FORM 199 NET NOTES RECEIVABLE STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	1,172,450.	1,149,290.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	1,172,450.	1,149,290.

FORM 199 INVESTMENTS IN STOCK STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	4,576,859.	5,500,810.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	4,576,859.	5,500,810.

FORM 199 OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEPOSITS	15,309.	15,309.
CERTIFICATE OF DEPOSIT - FIRST REPUBLIC		
BROKERAGE	1,258,941.	1,270,254.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,274,250.	1,285,563.

FORM 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	810,315.	935,006.	
PREPAID EXPENSES AND DEFERRED CHARGES	0.	797.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	810,315.	935,803.	

FORM 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DONOR DESIGNATED FUND PAYABLE	2,267.	5,756.	
ENDOWMENT HELD FOR ANOTHER ORGANIZATION	51,289.	140,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	53,556.	145,756.	

FORM 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 11

ACTIVITY CLASSIFICATION

DESIGNATED GIVING, FUNDING AND SUPPORT OF VARIOUS BENEFICIARY AGENCIES

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DONATIONS: MULTIPLE LOCAL JEWISH COMMUNI	14855 OKA ROAD #200 - LOS GATOS, CA 95032	BENEFICIARY AGENCY	1,991,924.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DONATIONS: NATIONAL JEWISH FEDERATIONS O	14855 OKA ROAD #200 - LOS GATOS, CA 95032	BENEFICIARY AGENCY	142,099.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DONATIONS: LOCAL/NATIONAL JEWISH COMMUNI	14855 OKA ROAD #200 - LOS GATOS, CA 95032	BENEFICIARY AGENCY	715,596.

TOTAL FOR THIS ACTIVITY 2,849,619.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 2,849,619.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 94-1167405

Corporation name

California corporation number

JEWISH FEDERATION OF SILICON VALLEY

0251155

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	12	22,995,553.	4,551,590.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	537,087.

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	537,087.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	537,087.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12					22	

CA 3885		DEPRECIATION				STATEMENT 12	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1	COMPUTER & NETWORKS (10 PENTIUM 166) 06/27/97	28,982.	28,982.	SL	5.00	0.	
2	BLACKBAUD SOFTWARES 07/01/98	25,448.	25,448.	SL	5.00	0.	
3	PANASONIC PHONE & OCTEL VOICE MAIL 11/01/98	8,821.	8,821.	SL	5.00	0.	
4	3COM NET EQUIPMENT 06/30/99	4,415.	4,415.	SL	5.00	0.	
5	SERVER TAPE DRIVE 07/12/99	679.	679.	SL	5.00	0.	
6	PC 08/31/99	13,836.	13,836.	SL	5.00	0.	
7	3COM 10/100 2X PORT AUTOSER 09/27/99	1,299.	1,299.	SL	5.00	0.	
8	TELEPHONE/VOICE MAIL UPGRADE 10/28/99	1,471.	1,471.	SL	5.00	0.	
9	SONIC FIREWALL 12/08/99	1,943.	1,943.	SL	5.00	0.	
10	HP LASER JET 4050N 12/08/99	1,630.	1,630.	SL	5.00	0.	
11	PC(ACCOUNTING) 02/01/00	1,017.	1,017.	SL	5.00	0.	
12	SOFTWARE-BLACKBAUD CASH RECEIPTS 09/15/00	1,141.	1,141.	SL	5.00	0.	
13	SONY DIGITAL CAMERA 12/02/00	1,135.	1,135.	SL	5.00	0.	
14	VIEWSONIC PJ LCD PROJECTOR 12/19/00	5,971.	5,971.	SL	5.00	0.	
15	COMPUTER 01/15/02	6,668.	6,668.	SL	5.00	0.	
16	HP SERVER TC2 WITH P4 2.0 12/03/02	2,475.	2,475.	SL	5.00	0.	
17	HP COMPUTER 05/31/03	869.	869.	SL	5.00	0.	
18	DELL NOTEBOOK (BRIAN'S) 06/01/03	2,851.	2,851.	SL	5.00	0.	
19	HP COMPUTER 07/31/03	1,015.	1,015.	SL	3.00	0.	
20	DELL COMPUTER 08/31/03	843.	843.	SL	3.00	0.	
21	FIREWALL 03/09/04	1,851.	1,851.	SL	3.00	0.	
22	COMPUTER 03/09/04	657.	657.	SL	5.00	0.	
23	DELL SERVER 08/04/04	5,132.	5,132.	SL	3.00	0.	

24	BLACKBAUD SOFTWARE						
	06/11/05	3,900.	3,900.	SL	3.00	0.	
25	MEMORY FOR JYL'S COMPUTER						
	06/10/78	40.	40.	SL	3.00	0.	
26	JYL'S COMPUTER						
	06/10/07	1,731.	1,731.	SL	3.00	0.	
27	JERI'S COMPUTER						
	07/10/07	981.	980.	SL	5.00	0.	
28	ELISA'S COMPUTER						
	10/21/08	433.	405.	SL	5.00	28.	
29	NEW SERVER						
	05/31/13	4,203.	70.	SL	5.00	841.	
30	WORKSTATION						
	12/29/98	520.	520.	SL	5.00	0.	
31	HEAVY DUTY SHREDDER						
	10/15/03	1,515.	1,515.	SL	5.00	0.	
32	OFFICE WORKSTATIONS						
	08/15/05	4,940.	4,939.	SL	5.00	0.	
33	OFFICE WORKSTATIONS						
	08/29/05	1,829.	1,829.	SL	5.00	0.	
34	OFFICE WORKSTATIONS						
	08/30/05	290.	290.	SL	5.00	0.	
35	OFFICE WORKSTATIONS						
	09/01/05	200.	200.	SL	5.00	0.	
36	MARKER BOARDS						
	10/14/05	16,500.	16,500.	SL	5.00	0.	
37	SHELVING						
	10/14/05	17,268.	17,268.	SL	5.00	0.	
38	SHELVING FOR PAST PRESIDENT PROJECT						
	04/26/07	836.	836.	SL	5.00	0.	
39	FURNITURE FOR LOBBY						
	06/05/07	7,039.	7,039.	SL	5.00	0.	
40	JYL'S CHAIR						
	07/10/07	898.	899.	SL	5.00	0.	
41	SUKKAH						
	09/21/07	1,850.	1,851.	SL	5.00	0.	
42	HISTORIC DONORS BOARD						
	01/22/09	6,587.	5,818.	SL	5.00	769.	
43	CFO OFFICE CONFIGURATION						
	07/06/12	1,282.	256.	SL	5.00	256.	
44	DONOR WALL						
	01/31/13	10,158.	846.	SL	5.00	2,032.	
45	HP 2300 PRINTER						
	02/03/04	1,278.	1,278.	SL	5.00	0.	
46	MINOLTA DIMAGE CAMERA						
	04/29/04	1,018.	1,018.	SL	5.00	0.	
47	PLATINUM PLUS						
	09/12/05	4,000.	4,000.	SL	5.00	0.	
48	DOOR INTERCOM THROUGH PHONE SYSTEM						
	09/21/05	1,265.	1,265.	SL	5.00	0.	
49	PHONE SYSTEM						
	09/26/05	32,700.	32,700.	SL	3.00	0.	
50	PANASONIC PHONE & OCTEL VOICE MAIL						
	09/28/05	370.	370.	SL	3.00	0.	

51	PANASONIC PHONE & OCTEL VOICE MAIL					
	09/30/05	8,180.	8,180.	SL	3.00	0.
52	PANASONIC PHONE & OCTEL VOICE MAIL					
	09/30/05	40,900.	40,900.	SL	3.00	0.
53	TV					
	10/12/05	1,501.	1,501.	SL	3.00	0.
54	CABLES, SWITCHES, RACK MOUNTS					
	10/17/05	9,432.	9,432.	SL	3.00	0.
55	VIDEO & PHONE SYSTEM					
	10/31/05	4,634.	4,634.	SL	3.00	0.
56	NETWORKING EQUIPMENT					
	10/31/05	2,650.	2,650.	SL	3.00	0.
57	ASI					
	06/05/06	381.	381.	SL	5.00	0.
58	LIGHTNING, SOUND AND SOFT GOODS					
	01/04/07	134,399.	134,399.	SL	5.00	0.
59	LIGHTNING, SOUND AND SOFT GOODS					
	02/11/07	48,385.	48,385.	SL	5.00	0.
60	LIGHTNING, SOUND AND SOFT GOODS					
	04/01/07	5,329.	5,329.	SL	5.00	0.
61	IMPROVEMENTS					
	07/31/06	7,572.	2,272.	SL	20.00	379.
62	IMPROVEMENTS					
	07/27/06	945.	327.	SL	20.00	47.
63	IMPROVEMENTS					
	04/09/07	2,270.	710.	SL	20.00	114.
64	IMPROVEMENTS					
	04/17/07	684.	211.	SL	20.00	34.
65	IMPROVEMENTS					
	05/09/07	2,591.	799.	SL	20.00	130.
66	IMPROVEMENTS					
	06/08/07	3,300.	990.	SL	20.00	165.
67	ROOF SCREENS					
	07/10/07	33,044.	9,775.	SL	20.00	1,652.
68	MIKVAH IMPROVEMENTS					
	07/27/07	10,609.	3,138.	SL	20.00	530.
69	MIKVAH IMPROVEMENTS					
	09/22/07	67,560.	19,986.	SL	20.00	3,378.
70	MIKVAH IMPROVEMENTS					
	09/30/07	108,028.	31,958.	SL	20.00	5,401.
71	MIKVAH IMPROVEMENTS					
	10/23/07	35,820.	10,597.	SL	20.00	1,791.
72	MIKVAH IMPROVEMENTS					
	11/30/07	18,427.	5,451.	SL	20.00	921.
73	MIKVAH IMPROVEMENTS					
	12/31/07	6,240.	1,846.	SL	20.00	312.
74	MIKVAH IMPROVEMENTS					
	05/09/08	17,605.	5,208.	SL	20.00	880.
75	MIKVAH DESIGN					
	01/01/08	1,991.	590.	SL	20.00	100.
76	JCC PRESCHOOL C4 PROJECT					
	06/25/07	45,897.	13,578.	SL	20.00	2,295.
77	JCC PRESCHOOL C4 PROJECT					
	07/27/07	109,320.	32,341.	SL	20.00	5,466.

78	JCC PRESCHOOL C4 PROJECT						
		05/28/08	19,797.	5,857.	SL	20.00	990.
79	IMPROVEMENTS						
		12/31/07	6,000.	1,775.	SL	20.00	300.
80	CANOPY						
		11/20/13	8,672.		SL	20.00	253.
81	BUILDING - OKA ROAD						
		09/30/05	17,702,675.	3,919,878.	SL	35.00	505,791.
82	LAND						
		09/30/05	4,200,000.		L		0.
83	BUILDING - OKA ROAD						
		09/30/13	84,060.		SL	35.00	1,801.
84	FURNITURE						
		10/15/13	2,875.		SL	5.00	431.
TOTAL DEPR TO FORM 3885			<u>22,995,553.</u>	<u>4,551,590.</u>			<u>537,087.</u>

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2013 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

**Fiscal Year - See instructions.
Calendar Year - File and Pay by March 17, 2014.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES:

Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

339035
12-11-13

--- DETACH HERE --- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2013** **Payment Voucher for Corps
and Exempt Orgs e-filed Returns**

CALIFORNIA FORM
3586 (e-file)

0251155 JEWI 94-1167405 000000000000 13 FORM 3
TYB 07-01-2013 TYE 06-30-2014

JEWISH FEDERATION OF SILICON V
14855 OKA ROAD NO 200
LOS GATOS CA 95032

(408) 358-3033

Total Payment Amt 10.

TAXABLE YEAR
2013

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name JEWISH FEDERATION OF SILICON VALLEY	Identifying number 94-1167405
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Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	9,500,105.00
2	Total gross income (Form 199, line 8)	2	7,529,922.00
3	Total expenses and disbursements (Form 199, line 9)	3	6,160,018.00

Part II Settle Your Account Electronically for Taxable Year 2013

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**

Sign Here	Signature of Officer _____	Date _____	CEO _____	Title _____
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature _____	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN _____
	Firm's name (or yours if self-employed) and address	JOHANSON & YAU ACCOUNTANCY CORP			FEIN 94-2702860
		160 W. SANTA CLARA ST., SUITE 900			ZIP Code 95113
		SAN JOSE, CA			

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P00016824	
	Firm's name (or yours if self-employed) and address	JOHANSON & YAU ACCOUNTANCY CORP			FEIN 94-2702860
		160 W. SANTA CLARA ST., SUITE 900			ZIP Code 95113
		SAN JOSE, CA			

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

**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

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

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 <u>1357</u> JEWISH FEDERATION OF SILICON VALLEY <small>Name of Organization</small> <u>14855 OKA ROAD, NO. 200</u> <small>Address (Number and Street)</small> <u>LOS GATOS, CA 95032</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0251155</u> Federal Employer I.D. No. <u>94-1167405</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2013 ending 06/30/2014) list:
 Gross annual revenue \$ 7,529,922. Total assets \$ 29,393,199.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. 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?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number 408 358-3033

Organization's e-mail address JYL@JVALLEY.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.

JYL JURMAN	CEO
<small>Signature of authorized officer</small>	<small>Printed Name</small>
	<small>Title</small>
	<small>Date</small>