EXTENDED TO NOVEMBER 15, 2016

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

\sim	OI LI	e 2013 caleridar year, or tax year beginning and e	ending		
В	Check it applicat	C Name of organization		D Employer identifi	cation number
	Addr	FI JTA-MJL NEW CORP.			
X	Name chan	Doing business as		13-0	887610
	Initia	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final		1TH)643-1890
	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,197,914.
_	Amer return Appli	NEW 10RK, NY 10001-5010		H(a) Is this a group re	
_	tion pend	F Name and address of principal officer: AMITRAM O EDEN			? Yes X No
20 2		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status:	r 527	1	list. (see instructions)
		te: WWW.70FACESMEDIA.ORG forganization; X Corporation Trust Association Other		H(c) Group exemption	
	art I	forganization: X Corporation Trust Association Other Summary	L Year	of formation: 1917	A State of legal domicile: NY
	1	Briefly describe the organization's mission or most significant activities: JTA-M	ATT. NE	W CORD /DRX	70 FACES
Activities & Governance	١.	MEDIA) IS A NOT-FOR-PROFIT DIGITAL MEDIA	COMPA	MV THAT ACD	TOTO TACES
nai	2	Check this box if the organization discontinued its operations or dispos			
ove	3			3	52
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	52
es S	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	30
Viti	6	Total number of volunteers (estimate if necessary)		6	52
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	28,185.
				Prior Year	Current Year
Pe	8	Contributions and grants (Part VIII, line 1h)		2,305,667.	2,988,860.
Revenue	9	Program service revenue (Part VIII, line 2g)		815,495.	1,209,054.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,121,162.	4,197,914.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
40	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,590,511.	2,318,218.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 404, 18	6	0.	0.
Ä	17	Total fundraising expenses (Part IX, column (D), line 25) 404,18 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		822,668.	1,308,578.
	ı	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,413,179.	3,626,796.
	19	Revenue less expenses. Subtract line 18 from line 12		707,983.	571,118.
Jo Sa		Total assets (Part X, line 16) Total liabilities (Part X, line 26)		ginning of Current Year	End of Year
SES.	20	Total assets (Part X, line 16)	-	2,853,250.	4,186,681.
Net Ass Fund Bal	21	Total liabilities (Part X≒ine 26)		349,068.	424,322.
毙	22	Net assets or fund balances. Subtract line 21 from line 20		2,504,182.	3,762,359.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.	1.1.
		and the contract of	11	8/3	1/10
Sig		Signature204 officer		Date	
Her	е	AMIRAM J EDEN, CEO Type or print name and title			
		A STATE OF THE PARTY OF THE PAR		late Check	II BTIN
Paid	1	Print/Type preparer's name PHIL ROSENBERG PHIL ROSENBERG	// //	Olloon	PTIN
	arer	Firm's name ROSENBERG AND MANENTE	1 10	8/25/16 self-employ	P00221232 20-4153538
	Only	Firm's address 12 W. 32ND STREET - 10TH FLOOR		Firm's EIN	20-4133330
		NEW YORK, NY 10001		Phone no 21	2-563-2525
May	the I	RS discuss this return with the preparer shown above? (see instructions)		Tr Holle Ho. 2 1	X Yes No
			**********		LALITES LINO

Pai	Statement of Program Service Accomplishments	X
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: JTA-MJL NEW CORP (DBA 70 FACES MEDIA) IS A NOT-FOR-PROFIT DIO	ידשאד
	MEDIA COMPANY THAT ASPIRES TO CONNECT AS MANY PEOPLE AS POSS	
	ALL SIDES OF THE UNFOLDING JEWISH STORY.	
	ALL SIDES OF THE UNFOLDING DEWISH STORT:	
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
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
-	If "Yes," describe these changes on Schedule O.	— —
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,930,190 • including grants of \$) (Revenue \$	1,209,054.
	KEVELLER IS A THRIVING COMMUNITY OF WOMEN AND PARENTS WHO COI	IVENE
	ONLINE TO SHARE, CELEBRATE, AND COMMISERATE THEIR EXPERIENCES	S OF
	RAISING KIDS THROUGH A JEWISH LENSE.	
	MY JEWISH LEARNING - WITH OVER 10,000 ARTICLES ON ALL ASPECTS	
	LIFE, RELIGION, AND HISTORY, MYJEWISHLEARNING IS THE WEB'S LI	EADING
	PLURALISTIC, NONDENOMINATIONAL JEWISH EDUCATIONAL RESOURCE.	
	THE JEWISH TELEGRAPHIC AGENCY IS THE DEFINITIVE, TRUSTED GLOD	
	OF BREAKING NEWS AND ANALYSIS ON ISSUES OF JEWISH INTEREST A	ND CONCERN.
	THE NOSHER OFFERS A DAZZLING ARRAY OF NEW AND CLASSIC JEWISH	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
	/ (a.p.n.co.)	/
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,930,190.	

Form 990 (2015) JTA-MJL NEW Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	If "Yes," complete Schedule A	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
Ċ	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			₩.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	44.1	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the exemplation report on amount for other liabilities in Part X, line 353 If "Yes," complete Schedule D, Part X	11d 11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 Ie	21	
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
192	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3.7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	_
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

			Yes	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			17
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2015) JTA-MJL NEW CORP. Part V Statements Regarding Other IRS Filings and Tax Compliance

til "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Ta X b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? To Did the organization member of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Th If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Th X Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Babetion 501(c)(7) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 10a Section 4947(a)(1) non-exempt charitable trusts. Is		Check if Schedule O contains a response of note to any line in this part v				
be Enter the number of Forms W.2G included in line 1a. Enter o'. In not applicable or Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamibling) withings to pitze winner? 2b. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the callednary payment gown with or within the warrow of the time of the transmitted for the called and the callednary payment with or the organization file all required federal employment tax returner? 2b. If a least one is reported on line 2a, did the organization file all required federal employment tax returner? 3c. Note. If the sum of filines 1 and fall as greater than 250, you may be required to-effice instructions (so instructions) 3c. Did the organization have unrelated businesse gross income of \$1,000 or more during the year? 3c. A land the organization have unrelated businesse gross income of \$1,000 or more during the year? 3c. A land the during the calendar year, did the organization fall search or a signature or other authority over, a financial account of the file organization fall search organization in Schedule O 3d. A land with eduring the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account of the file of promises of the organization of the organization of the search organization of the search organization of the search organization of the organization of the search organization of the organization of the organization of the search organization of the organization of the search organization of the search organization organization organization that was or is a party to a prohibited tax shelter transaction? 5d. Did the organization appropriation that it was or is a party to a prohibited tax shelter transaction organization search organization that the very solicitation an express statement that such contributions or gifts were not tax deducetibles or measurements. 5d. If Yeas, "indicati			. I		Yes	No
Commission of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (agminling) winnings to prize winners? 2 Einter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. 3 If all east one is reported on line 22, did the organization file all required federal employment tax returns? 3 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to the reflective (see instructions) 3 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 If the view of the sum of lines 1a and 2a is greater than 250, you may be required to the reflective (see instructions) 3 If views, I have 1 if the sum of lines 1a and 2a is greater than 250, you may be required to the reflective (see instructions) 3 If views, I have 1 if the sum of lines 1a and 2a is greater than 250, you may be required to the reflective of the results of						
Capambling winnings to prize winners? 2		· ·	ib	-		
2a Enter the number of employees reported on Form W.3. Transmittal of Wages and Tax Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to the relievance of the sum of lines 1a and 2a is greater than 250, you may be required to the relievance of the sum of lines 1a and 2a is greater than 250, you may be required to the relievance of the sum of lines 1a and 2a is greater than 250, you may be required to the relievance of the sum of lines 1a and 2a is greater than 250, you may be required to the relievance of the sum of lines 1a and 2a is greater than 250, you may be required to the relievance of the sum of the	С				v	
filed for the calendary year ending with or within the year covered by this return	0-			10	\Box	
If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	2a		3.0			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		· · · · · · · · · · · · · · · · · · ·		1	v	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a A tany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial account (FBAR). 5c If "Yes," to lifting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization file Form 88861? 6c If "Yes," to line 5a or 5b, did the organization file Form 88861? 6d Does the organization shall were not tax deductible as charitable contributions? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7a If	D			20	-22	
the if "Yes," has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; of the financial accounts of the foreign country. ► 5b If "Yes," enter the name of the foreign country. ► 5c en instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," of line Sa of Sb, lift the organization file Form 886817? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 b If "Yes," life the organization notify the donor of the value of the goods or services provided? 9 b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282? filed during the year 9 b If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 a X 9 if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 10 if the organization received a contribution of axis, bots, airplanes, or other vehicles, did the organization file a Form 1098-C? 11 Section 501(c)(7) organizations. Enter: 11 In Important the property organization make any taxable distributions under section 4966? 12 Section 501(c)(12) organizations included on Part VIII, l	20			20	x	
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Dea the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Z X b If "Yes," to line 5a or 5b, did the organization file Form 8886-17 any contributions that were not tax deductible as charitable contributions? 5c Did the organization that were not tax deductible as charitable contributions? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Did the organization receive apayment in excess of \$75 made parity as a contribution and partly for goods and services provided to the payor? 7a Organizations that may receive deductible contributions under section 170(c). Bid the organization receive apayment in excess of \$75 made parity as a contribution and partly for goods and services provided to the payor? 7b Did the organization receive apayment in excess of \$75 made parity as a contribution and partly for goods and services provided to the payor? 7c If "Yes," indicate the number of Forms 8282 filed during the year 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X 7d Did the organization number of Forms 8282 filed during the year 8 Did the organization number of Forms 8282 filed during the year 9 Uniform 8282 filed during the year payments of the organization file Form 8289 as required? 1 The organization r		•		-		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14a		Х
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 52			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website 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	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JTA-MJL NEW CORP 212-643-1890			
	24 WEST 30TH STREET, 4TH FLOOR, NEW YORK, NY 10001			

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.

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

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

(A)	(B)	l g	411120		C)	про	nout	(D)	(E)	(F)
Name and Title	Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CAROL BRENNGLASS SPINNER TREASURER	1.00	X						0.	0.	0.
(2) SHOSHANA CARDIN	1.00									
DIRECTOR		Х						0.	0.	0.
(3) FRED CLAAR	1.00	х						0.	0.	0.
OIRECTOR (4) DAVID EISNER	1.00	^						0.	0.	0.
PRESIDENT	1.00	Х						0.	0.	0.
(5) NED FOSS	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MARTIN FOX	1.00									
DIRECTOR		Х						0.	0.	0.
(7) HOWARD FRIEDMAN	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) RABBI DAVID GEDZELMAN	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(9) DANIEL GORLIN	1.00								0	
CHAIRMAN	1 00	Х						0.	0.	0.
(10) SHERI GUROCK	1.00	٠,,							0	0
DIRECTOR	1.00	Х						0.	0.	0.
(11) LARRY HOCHBERG DIRECTOR	1.00	х						0.	0.	0.
(12) SUELLEN KADIS	1.00	_						0.	0.	
DIRECTOR	1.00	Х						0.	0.	0.
(13) CHARLIE KAPLAN	1.00				\vdash				•	
DIRECTOR		x						0.	0.	0.
(14) SHERYL KIMERLING	1.00	 								
DIRECTOR		Х						0.	0.	0.
(15) ZINA KRAMER	1.00									
DIRECTOR		Х						0.	0.	0.
(16) DANNY KRIFCHER	1.00									
DIRECTOR		Х						0.	0.	0.
(17) JONATHAN LEWINSOHN	1.00									
DIRECTOR		Х						0.	0.	0.
532007 12-16-15										Form 990 (2015)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		ነ e than	one	Reportable	Reportable		Es	timate	:d
	hours per	box	, unle	ss pe	erson	is bot	th an	compensation	compensation	١	an	nount o	of
	week	-	cer ar	nd a d	irecto	or/trus	itee)	from	from related			other	
	(list any	director						the	organizations			pensat	
	hours for	or dir	بو			ated		organization	(W-2/1099-MIS	C)		om the	
	related organizations	ıstee	truste		a a	bens		(W-2/1099-MISC)				anizati	
	below	ual trı	onal		ploye	t com						d relate	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	2115
(18) NORMAN LIPOFF	1.00	드	드	0	<u> </u>	工旨	E.			\dashv			
DIRECTOR	1.00	Х						0.		0.			0.
(19) DANA RAUCHER	1.00				\vdash	\vdash	\vdash			<u> </u>			
DIRECTOR	1.00	Х						0.		0.			0.
(20) JOSH ROLNICK	1.00			\vdash	\vdash	\vdash	\vdash	0.					
DIRECTOR	1.00	Х						0.		0.			0.
(21) GARY ROSENBLATT	1.00				\vdash	\vdash	\vdash	0.		•			
DIRECTOR	1.00	Х						0.		0.			0.
(22) DAVID RUDIS	1.00	^		\vdash	┢	\vdash	┢	0.		٠.			0.
DIRECTOR	1.00	x						0.		0.			0.
	1.00	Δ			\vdash	\vdash	⊢	0.		0.			0.
(23) SHEREEN RUTMAN	1.00							0.		0.			0
DIRECTOR	1.00	Х		\vdash	┢	\vdash	⊢	0.		0.			0.
(24) JONATHAN SARNA	1.00	ν,						0		_			0
DIRECTOR	1 00	Х			┝	\vdash	⊢	0.		0.			0.
(25) IVAN SCHAEFFER	1.00	,,								_			0
DIRECTOR	1 00	Х			_	_	_	0.		0.			0.
(26) MATT SCHNEIDER	1.00												^
DIRECTOR		Х						0.		0.			0.
1b Sub-total								0.		0.		4 = -	0.
c Total from continuation sheets to Part V	II, Section A							599,577.		0.		4,5	
d Total (add lines 1b and 1c)								599,577.		0.	8	4,5	/8.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable)			
compensation from the organization													4
										r		Yes	No
3 Did the organization list any former officer,				•		•		•					
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sch	edul	e J t	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion	from	n any	y uni	relat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of comp	pens	ation 1	rom	
the organization. Report compensation for	the calendar y	ear	end	ing v	with	or w	/ithir	n the organization's tax	year.				
(A)				_				(B)		_	(0		
Name and business	address	N	IMC	E			_	Description of s	ervices	C	ompe	nsatior	1
							_						
							_						
							_						
 Total number of independent contractors (i \$100,000 of compensation from the organi 	_	ot li	mite _	d to		se li 0	stec	d above) who received m	nore than				
and babe titt anamia	T 3 0037	n = 3	TTT	A 1777		AT 4	~ + + +						

	L NEW COKI								13-000	7010
Part VII Section A. Officers, Directors		mplo	yee			ligh	est			
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	neck	all t	hat	app	oly)	compensation	compensation	amount of
	per							from	from related	other
	week	Jo				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct				d em		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	related	ee or	stee			nsate		(** 27 1000 141100)		and related
	organizations	trust	ıal fru		yee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer.			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) STEPHEN SELIG	1.00									
DIRECTOR		Х						0.	0.	0.
(28) SCOTT SELIGMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(29) RACHEL SELIGMAN LOWY	1.00									
DIRECTOR		Х						0.	0.	0.
(30) DANIEL SEPTIMUS	1.00									
DIRECTOR		Х						0.	0.	0.
(31) BETSY SHEERR	1.00									
DIRECTOR		Х						0.	0.	0.
(32) PETER SHEFT	1.00									
SECRETARY		Х						0.	0.	0.
(33) IRVING SMOKLER	1.00									
DIRECTOR		Х						0.	0.	0.
(34) GEULA SOLOMON	1.00									
VICE PRESIDENT		Х						0.	0.	0.
(35) ELISA SPUNGEN BILDNER	1.00									
DIRECTOR		Х						0.	0.	0.
(36) CAROLYN STARMAN HESSEL	1.00									
DIRECTOR		Х						0.	0.	0.
(37) BRIAN STERLING	1.00									
VICE PRESIDENT		Х						0.	0.	0.
(38) ARI WALLACH	1.00									
DIRECTOR		Х						0.	0.	0.
(39) NANCY WARSHOFSKY	1.00									
DIRECTOR		Х						0.	0.	0.
(40) MARSHALL WEINBERG	1.00									
DIRECTOR		Х		Ш				0.	0.	0.
(41) JANE WEITZMAN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(42) MICHAEL WERTHEIM	1.00							_	_	_
DIRECTOR		Х		Ш				0.	0.	0.
(43) MARK WILF	1.00							_	_	_
DIRECTOR		Х		Ш				0.	0.	0.
(44) ELIZABETH WOLFE	1.00							_	_	_
DIRECTOR		Х		Ш				0.	0.	0.
(45) AMI EDEN	35.00									
CEO		Х		Х				224,549.	0.	29,891.
(46) CARYN ROSEN ADELMAN	1.00									
DIRECTOR		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 JTA-MJL I	NEW CORE	?•							13-088	7610		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest												
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average				ition	1		Reportable	Reportable	Estimated		
	hours (check all th					арр	ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week	ا ا				oloyee		the	organizations	compensation		
	(list any hours for	direct				d emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	related	ee or	stee			nsate		(** 2/ 1000 1/1100)		and related		
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				organizations		
	below	vidua	tutior	Je.	Key employee	nest c	ner					
	line)	lndj	Insti	Officer	Key	High	Former					
(47) ROBERT H. ARNOW	1.00											
DIRECTOR		Х						0.	0.	0.		
(48) JULIUS BERMAN	1.00							_	_	_		
DIRECTOR		Х						0.	0.	0.		
(49) NANCY CLAYMAN	35.00											
DIRECTOR OF DEVELOPMENT						Х		126,922.	0.	27,862.		
(50) LEO LAZAR	35.00											
DIRECTOR OF BUSINESS DEVELOPMENT	25 22					Х		128,653.	0.	3,946.		
(51) LENORE SILVERSTEIN	35.00					٠,		110 452	0	00 070		
DIRECTOR OF FINANCE & ADMIN			_		_	Х	_	119,453.	0.	22,879.		
-			\vdash			\vdash	\vdash					
		1										
				-			_					
			\vdash	\vdash	\vdash	\vdash	┢					
			\vdash			\vdash	\vdash					
		L	L	L	L	L	L					
								E00 577		04 570		
Total to Part VII, Section A, line 1c								599,577.		84,578.		

13-0887610

Form 990 (2015) JTA-MJL
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	ne in this Part VIII			
		Chosk ii Gonodale O cont	ало а гозропос	or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f NEWS SERVICE	1b 1c 1d ions) 1e ts, and ve 1f 2,	988,860. Business Code 519100	2,988,860. 657,776.	657,776.		
Program Service Revenue	b c d e f	WEB SPONSORSHIE	enue	519100	551,278.	551,278.		
	3 4 5	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta: Royalties	dividends, inter	est, and orroceeds	1,209,054.			
	b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
nue	d	Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$		>				
Other Reven	С	contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund	a bdraising events					
	b	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less	a bing activities					
	b	and allowances Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	b of inventory					
	11 a b c							
		Total. Add lines 11a-11d			4.197.914.	1,209,054.	0.	0.

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). X Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,568,008. 92,573. 1,874,003. 213,422. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 316,805. 235,252. 43,244. 38,309. Other employee benefits 9 $1\overline{27,410}$ 15,407. 17,391. Payroll taxes 94,612. 10 Fees for services (non-employees): 11 a Management 17,534. 17,804. 270. Legal 26,825. 250. 26,575. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 551,105 426,946. 30,911. 93,248. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 7,485. 13,178. 3,265. 2,428. 13 Office expenses Information technology 14 15 Royalties 117,174. 11,767. 10,324. 95,083. 16 Occupancy 46,388. 35,802. 10,586. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 40,746. 49,585. 5,972. 2,867. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ... 1,458. 250. 1,208. AND UBIT TAX EXCISE 279,999. WEB HOSTING AND INTERNE 277,929. 1,343. 727. PHOTO AND NEWS SERVICES 57,600. 57,450. 150. d AUDIENCE DEVELOPMENT 39,077. 39,077. 55,250. 36,267. 108,385. 16,868. e All other expenses 3,626,796. 2,930,190. 292,420. 404,186. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2015)
Part X Balance Sheet

Pa	πχ	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,300,858.	1	2,657,203.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,124,706.	4	1,161,772.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	243,630.			
	b	Less: accumulated depreciation	10b	178,725.	58,720.	10c	64,905.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	368,966.	15	302,801.		
	16	Total assets. Add lines 1 through 15 (must equ			2,853,250.	16	4,186,681.
	17	Accounts payable and accrued expenses			189,188.	17	265,375.
	18	Grants payable		18			
	19	Deferred revenue			51,696.	19	21,429.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	r officer	s, directors, trustees,			
Ħ		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of	400 404		405 540
		Schedule D			108,184.	25	137,518.
	26	Total liabilities. Add lines 17 through 25			349,068.	26	424,322.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
es		complete lines 27 through 29, and lines 33 an			0 005 005		0 450 465
anc	27	Unrestricted net assets			2,207,295.	27	2,459,467.
Fund Balances	28	Temporarily restricted net assets	266,380.	28	1,272,385.		
nd	29				30,507.	29	30,507.
Ē		Organizations that do not follow SFAS 117 (A	SC 958	3), check here			
3 O.		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			2 504 100	32	2 760 250
_	33	Total net assets or fund balances			2,504,182.	33	3,762,359.
	34	Total liabilities and net assets/fund balances			2,853,250.	34	4,186,681.

Form **990** (2015)

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)	96. 18. 82. 59.
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	96. 18. 82. 59.
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	96. 18. 82. 59.
3 S71,1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,504,1 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 687,0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 3,762,3 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Separate basis Consolidated basis Both consolidated and separate basis	18. 82. 59.
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5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 Reprior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 687, 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 3,762,3 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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: Separate basis Consolidated basis Both consolidated and separate basis	59.
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separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	X
Separate basis Consolidated basis Both consolidated and separate basis	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
EV 1	
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:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
Act and OMB Circular A-133?	Х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	$\overline{}$
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ļ

Form **990** (2015)

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

Open to Public Inspection

Name of the organization

JTA-MJL NEW CORP.

Employer identification number 13-0887610

Dai	ol I	December Dublic	Charity Status		1 1 11		<u> </u>	3 000,010
Pa		Reason for Public (
he o	organi	zation is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box.)		
1		A church, convention of ch	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).					
2		A school described in secti	on 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	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	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ned in
•				liege of difficulty owner	a or opera	tou by a g	overnmental and accord	700 III
•		section 170(b)(1)(A)(iv). (Complete Part II.)						
6	37	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in						
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)					
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor		,			, 0	,
10		An organization organized a	. ,	ively to test for public sa	afety See	section 50)9(a)(4).	
11		An organization organized a	•	*	•			nurnoses of one or
• •		more publicly supported or	="	•	-		•	
			-					HECK THE DOX III
		lines 11a through 11d that				-		
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
	_	organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	I or controlled in connec	tion with it	ts supporte	ed organization(s), by ha	ving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with.
		its supported organization	=					,
Ч		1		•				zation(s)
u		Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)						
		that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.						
		1 .	·	-				
е		Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III						
		functionally integrated, or		nally integrated support	ing organi	zation.		
f		r the number of supported o	•					
g		ide the following information			V:- A I - AI			
	(1) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i	in your	(v) Amount of monetary	(vi) Amount of
		organization		above (see instructions))	governing of	document?	support (see instructions)	other support (see instructions)
				, "	Yes	No	instructions)	instructions)
_	_							

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,324,088.	1,803,188.	1,226,137.	2,414,517.	3,540,138.	10,308,068.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,324,088.	1,803,188.	1,226,137.	2,414,517.	3,540,138.	10,308,068.
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)						
							10,308,068.
	ction B. Total Support	() 0044	#20040	() 00/0	(D 00 ()	1.20215	(n =
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	1,324,088.	1,803,188.	1,226,137.	2,414,517.	3,540,138.	10,308,068.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							10,308,068.
12	Gross receipts from related activities,	etc (see instruction	nne)			12 3	,650,217.
13	First five years. If the Form 990 is for	•		fourth or fifth ta			70007==:0
.0	organization, check this box and stor	. la awa			•	11001(0)(0)	
Sec	ction C. Computation of Publ						
14	Public support percentage for 2015 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	100.00 %
15	Public support percentage from 2014						100.00 %
16a	33 1/3% support test - 2015. If the					nore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization ▶ X						
b	33 1/3% support test - 2014. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop he	ere. Explain in Pai	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	
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						

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

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

Se	ction A. Public Support	· · · · ·	,				
Cal	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						1
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
							> L
	ction C. Computation of Publ					1 1	
	Public support percentage for 2015 (I					15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 17 is not
198	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
t	33 1/3% support tests - 2014. If the	•			•		
	line 18 is not more than 33 1/3%, che						' \

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	- 50		
	10a		
	iva		
	10b		
n 9	90 or 99	90-EZ	2015
		-,	_

Par	T IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
	non or type is capper and organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations			
-	tion 217th Type in eappering enganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sact	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	201:		
	The organization satisfied the Activities Test. Complete line 2 below.	13).		
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetructions	4	
	Activities Test. Answer (a) and (b) below.	II ISTI UCTIONS	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		Oh		
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

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

Schedule A (Form 990 or 990-EZ) 2015

ı aı	Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
Ω	and 4c. Breakdown of line 7:			
8	DIEANGOWITOLINE /.			
<u>a</u> b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
_				

Schedule A (Form 990 or 990-EZ) 2015

Schedule B (Form 990, 990-F7, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

JTA-MJL NEW CORP. 13-0887610 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______
\$ _ Caution. An organization that 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) (2015)

JTA-MJL NEW CORP.

13-0887610

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	WILLIAM DAVIDSON FOUNDATION 3155 W. BIG BEAVER ROAD, SUITE 250 TROY, MI 48084	\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	SAMUEL BRONFMAN FOUNDATION 420 LEXINGTON AVENUE, SUITE 331	\$ 550,000.	Person X Payroll Noncash
	NEW YORK, NY 10170	ψ	(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4 CROWN FAMILY PHILANTROPIES 222 NORTH LA SALLE STREET CHICAGO, IL 60601	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4 THE JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY, SUITE 1700 NEW YORK, NY 10004	S 588,744.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE LUCIUS N. LITTAUER FOUNDATION 220 FIFTH AVENUE, 19TH FLLOR NEW YORK, NY 10001	\$ 60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4 ANONYMOUS	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

13-0887610 JTA-MJL NEW CORP. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 UJA FEDERATION OF NEW YORK | X | Person Payroll 219,512. 130 EAST 59TH STREET Noncash (Complete Part II for NEW YORK, NY 10022 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 8 DAVID & INES MYERS FAMILY FOUNDATION Person Payroll 75,000. 2570 SCIENCE PARK DRIVE Noncash (Complete Part II for CLEVELAND , OH 44122 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution JOYCE & IRVING GOLDMAN FAMILY 9 FOUNDATION X Person Payroll 417 5TH AVENUE, SUITE 400 72,000. Noncash (Complete Part II for NEW YORK, NY 10016 noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for

noncash contributions.)

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2015)}}{\mbox{Name of organization}}$ Employer identification number

JTA-MJL NEW CORP.

13-0887610

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization Employer identification number 13-0887610 JTA-MJL NEW CORP. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JTA-MJL NEW CORP.

Employer identification number 13-0887610

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pa			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	s the organization's accounting for
Da	conservation easements.	f Aut Historiaal Tussanuss au	Athen Cincilan Assets
Pa	rt III Organizations Maintaining Collections of	-	other Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	·	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items:		.
	(i) Revenue included on Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treation for the following accounts are accounted to the common of		ai gain, provide
	the following amounts required to be reported under SFAS 1	, ,	*
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

L	NEW	CORP.	13-0887610

a Busing the organization is acquisition, accession, and other records, check any of the following that are a significant use of its collection items checks at that apply: a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicitor 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?	Par	t III	Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simi	ar Asse	ts (continu	ued)
a Public exhibition d	3	Using	the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant	use of its	collection	items
b Scholarly research e Other Preservation for future generations Provides a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provides a description of the organization solicit or receive donations of art, historical treasures, or other similar assesses to the solicit or receive donations of art, historical treasures, or other similar assesses to the solicit or raise funder starth than to be maintained as pan of the organization answered "Yes" on 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 X2. 1b it is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2. 1b it is the organization and part year 1c Beginning balance 2 Beginning balance 2 Bold the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 2 Point organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 3 Beginning of year balance 4 Reginning of year balance 3 30, 507,		(chec	k all that apply):							
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If Yes, "explain the arrangement in Part XIII and complete the following table: Additions during the year 1c C	а		Public exhibition	d	Loan or exc	hange programs				
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 asserts to be sold to raise funds atther than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or 7 Testorow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or 8 Testorow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or 9 Testorow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or 10 Testorow and Custodial or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: 10 Testorow and form the arrangement in Part XIII and complete the following table: 11 Testorow and suring the year 12 Distributions during the year 13 Distributions during the year 14 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 15 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 16 Distributions and the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 17 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 18 Beginning of year balance 19 Bod of year balance 19 Bod of year balance 20 Contributions 20 No Sont investment earnings, gains, and losses of Gallow organization answered "Yes" on Form 990, Part IV, line 10. 21 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 22 Provide the endowment 9/4 23 Are three redowment 9/4 24 Describe in Part XIII the intended uses of the organization's intended uses of the organization's endowment funds. 22 Provide the anamgement in Part XIII. Check here	b		Scholarly research	е	Other					
Section Description Des	С		Preservation for future generations							
To be sold for raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	4	Provid	de a description of the organization's co	llections and explain	n how they further the	he organization's ex	empt purp	ose in Par	t XIII.	
Serrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21, line 21, for escrow or custodial account liability? Yes No If Yes, 'explain the arrangement in Part XIII and complete the following table:	5	During	g the year, did the organization solicit or	receive donations	of art, historical trea	sures, or other simila	ar assets		_	
Teported an amount on Form 990, Part X, line 21. Yes X No										No_
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No FY'es,* explain the arrangement in Part XIII and complete the following table: Amount It It It It It It It	Par	t IV			te if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount										
b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a				•				7	
C Beginning balance C C								L	Yes	LX No
C Beginning balance 1d	b	If "Ye	s," explain the arrangement in Part XIII a	and complete the fo	lowing table:					
d Additions during the year 1d 1e 1ft 1 1 1 1 1 1 1 1 1									Amount	
e Distributions during the year 1 1 1 1 1 1 1 1 1										
f Ending balance										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete Co										
Describe in Part XIII. Check here if the explanation has been provided on Part XIII. Describe in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part IV, line 10.										
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.			_				•			III NO
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years years										
1a Beginning of year balance 30,507. 30,507. 30,507. 30,507. 30,507. 30,507. b Contributions	· ui	•	Zildowillent i dildo. Oomplete ii					veare hack	(a) Four	veare hack
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 30,507. 30,507. 30,507. 30,507. 30,507. 30,507. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations S If "Yes" on line 3a(iii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 243,630. 178,725. 64,905. e Other 6 Oth	12	Regin	ning of year halance	· · · · · · · · · · · · · · · · · · ·			 		(e) i oui	
c Net investment earnings, gains, and losses d Grants or scholarships		_		,	,			,		,
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 30 ,507. 30 ,507. 30 ,507. 30 ,507. 30 ,507. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Fermanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 243 ,630 \ 178 ,725 \ 64 ,905 \ 64 ,9										
to the expenditures for facilities and programs f Administrative expenses g End of year balance 30,507, 30,5										
and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Board designated or qua			Г							
f Administrative expenses g End of year balance 30,507. 30,507. 30,507. 30,507. 30,507. 30,507. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶			·							
g End of year balance 30,507.	f									
Part VI Land, Buildings, and Equipment.			Г	30,507.	30,507.	30,507.		30,507.		30,507.
b Permanent endowment ▶	2		-	ent year end balanc	e (line 1g, column (a	a)) held as:				
Temporarily restricted endowment ▶	а	Board	I designated or quasi-endowment		%					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) r	b	Perma	anent endowment 🕨	%	_					
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 243,630 178,725 64,905. e Other	С	Temp	orarily restricted endowment >	%						
by:		The p	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 243,630. 178,725. 64,905. e Other	3a	Are th	ere endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organi	zation	_	
(ii) related organizations b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment d Equipment 243,630 • 178,725 • 64,905 •										
b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other									 	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on 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 Land b Buildings C Leasehold improvements C Equipment 243,630 • 178,725 • 64,905 • Other C Oth										X
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings Land Buildings C Leasehold improvements d Equipment Other Other Other Other A 243,630 • Other Oth									3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) basis (other) c Leasehold improvements d Equipment e Other					wment funds.					
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other	Par	LVI	,		Doubly line 11 o C	` F 000 Pt \	/ line 10			
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other				1	· · · · · · · · · · · · · · · · · · ·	1	-	1	(-I) D1-	
1a Land b Buildings c Leasehold improvements c Leasehold improvements d Equipment 243,630. 178,725. 64,905. e Other 0 ther			Description of property	1 ' '					(a) Book	value
b Buildings C Leasehold improvements c Leasehold improvements C Leasehold improvements d Equipment 243,630. 178,725. 64,905. e Other 178,725. </th <th>12</th> <th>Land</th> <th></th> <th>- ` ` </th> <th>.5.10</th> <th>(53.151)</th> <th>-p. 50iati0i</th> <th></th> <th></th> <th></th>	12	Land		- ` ` 	.5.10	(53.151)	-p. 50iati0i			
c Leasehold improvements 4 Equipment 243,630. 178,725. 64,905. e Other 64,905.										
d Equipment 243,630. 178,725. 64,905. e Other								+		
e Other				0.40	630.		178,7	25.	64	,905.
							- ,			<u> </u>
					X, column (B), line 1	0c.)		•	64	,905.

Dort VIII	Investments	Othor	Sacurition
Part VIII	IIIvestillelits	- Other	Securities.

Complete if the organization answered "Yes"	on Form 900 Part IV line	11h Soo Form 900 Part V 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"	on 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)		
(E)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(6) (7) (8) (9)

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

(a) Description	(b) Book value
(1) DUE FROM FEDERATIONS	166,875.
(2) PREPAID EXPENSES	12,220.
(3) SECURITY DEPOSIT	20,625.
(4) ARCHIVES	103,081.
(5)	
(6)	
(7)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	302,801.

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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)	SEVERANCE PAYABLE	107,518.	
(3)	PAYROLL BONUS PAYABLE	30,000.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	137,518.	

^{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 X

13-0887610 Page 4 JTA-MJL NEW CORP. Schedule D (Form 990) 2015 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,197,914. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 4.197.914. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 3,626,796. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) 2e e Add lines 2a through 2d 3,626,796. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.)

Part XIII Supplemental Information.

c Add lines 4a and 4b

5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITION IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740. FASB ASC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR FINANCIAL STATEMENT RECOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE INTERPRETATION ALSO PROVIDES GUIDANCE ON RECOGNITION, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ASC 740 ON JANUARY 1, 2009. THERE WAS NO IMPACT ON THE TOTAL NET ASSETS AS A RESULT OF THE ADOPTION OF FASB ASC 740.

3,626,796.

Schedule D (Form 990) 2015	JTA-MJL NEW CORP.	13-0887610 Page 5
Schedule D (Form 990) 2015 Part XIII Supplemental Info	rmation (continued)	

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization

Employer identification number

JTA-MJL NEW COR	Р.			13-088761	LO
		ctivities Ou	tside the United States. Compl		
Form 990, Part IV	/, line 14b.				
			ds to substantiate the amount of its gr		
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
United States.			procedures for monitoring the use of it		side the
	1		an be duplicated if additional space is	i i	1
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
MIDDLE EAST AND				REPORTING AND	
NORTH AFRICA	0	2	PROGRAM SERVICES	CORRESPONDENCE	76,549.
					<u> </u>
				REPORTING AND	
EUROPE	0	1	PROGRAM SERVICES	CORRESPONDENCE	76,446
					+
					
					+
3 a Sub-total	0	3			152,995.
b Total from continuation		_			
sheets to Part I	- ·	0			0.
c Totals (add lines 3a	l .	2			152 995

JTA-MJL NEW CORP.

Page 2

13-0887610

Schedule F (Form 990) 2015 JTA-MJL NEW CORP.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2015
(n) Description of non-cash assistance						Sched
(g) Amount of non-cash assistance					xempt by	
(f) Manner of cash disbursement					recognized as tax-e	
(e) Amount of cash grant					foreign country,	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region					is listed above that are reliance has provided a section	
(b) IRS code section and EIN (if applicable)					recipient organization he grantee or counse	other organizations o
1 (a) Name of organization					 Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has programmed a counsel has programmed and the programmed or continuous of other programmed or continuous. 	1

JTA-MJL NEW CORP.

Page 3

13-0887610

Schedule F (Form 990) 2015 JTA-MJL NEW CORP. 13-0887610

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2015
(g) Description of non-cash assistance					Sched
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

JTA-MJL NEW CORP.

Part I Questions Regarding Compensation

Employer identification number 13-0887610

	att Questions Regarding Compensation		Vac	No
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		Yes	No
Id	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
_		4a		х
a	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
		4c		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	40		
	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		х
h	Any related organization?	6b		X
J	If "Yes" on line 6a or 6b, describe in Part III.	0.0		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
'	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
o	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8		
J	Regulations section 53.4958-6(c)?	9		
	negulations section 33.4830-0[c]?	l a		

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

Schedule J (Form 990) 2015

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 on 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.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	=
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(l)(B)	in column (B) reported as deferred on prior Form 990
(1) AMI EDEN	Ü	194,549.	30,000.	0	0	29,891.	254,440.	0
	<u> </u>		0			0		
(2) NANCY CLAYMAN	Ξ	126,92	0			27,862.	154,78	
DIRECTOR OF DEVELOPMENT	E		0		0	0		
	Ξ							
	=							
	(i)							
	(ii)							
	Ξ							
	(E)							
	Œ							
	Œ							
	Ξ							
	(E)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	<u>ii</u>							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	<u>(ii)</u>							
	Ξ							
	(ii)							
532112							Schedu	Schedule J (Form 990) 2015

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

TTA_M.TI NEW CODD

Employer identification number

				EW CORP.									876	Ι0		
Part I	Excess Bene	fit Trans	acti	ons (section 50)1(c)(3	3), sect	ion 501	(c)(4), and 50)1(c)	(29) organizatior	ns only	<i>'</i>).				
	Complete if the o	rganization	n ansv	vered "Yes" on I	Form 9	990. Pa	art IV. li	ne 25a or 25t	o. or	Form 990-EZ, P	art V. I	ine 40)b.			
1									,	,	,			(d)	Corre	cted?
(a) Name of disqualified person		erson	(b) Relationship between disqualified person and organization					(c) Description of trans			saction				(d) Corrected? Yes No	
		pordon and organization										+ ''	35	NO		
														+	-+	
														_	_	
														_		
2 Enter th	he amount of tax is	ncurred by	the o	rganization man	agers	or disc	qualifie	d persons du	ring	the year under						
section		-		-	-		-	-	_			\$				
	he amount of tax,											\$				
• Litter ti	ne amount of tax,	ii ariy, ori iii	110 2,	above, reimburs	cu by	ti ic oi	garnzar					Ψ				
Part II	Loans to and	l/or Fron	n Int	erested Per	sons											
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	Complete if the c	-					, Part V	, line 38a or i	-orn	n 990, Part IV, IIn	ie 26;	or if th	e orga	ınızatı	on	
	reported an amo								_				/h\ /\ni	roved		
		(b) Relation		(c) Purpose	(d) Loan to or from the		(c) Original		(f) Balance due		(g) In default?		(h) Approved by board or		(i) Written agreement?	
intere	sted person	with organia	zauon	of loan	organi	zation?	princi	pal amount			deta	ult?	cómm	ittee?	agree	ment?
					То	From					Yes	No	Yes	No	Yes	No
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Total								> \$								
Part III	Grants or As	sistance	Ber	nefiting Inter	este	d Pe	rsons	-								
	Complete if the o	rganization	n ansv	vered "Yes" on I	Form 9	990. Pa	art IV. li	ne 27.								
(a) Na	me of interested p		\neg) Amount of		(d) Type	of		(e)	Purp	ose of	
(a) Name of interested person		(b) Relationship between interested person and				٠,	assistance assista						Purpose of ssistance			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

(a) Name of interested person	ered "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CHARLIE KAPLAN	BOARD MEMBER	13,700.	LEGAL FEES		Х
			1		
Part V Supplemental Information	<u> </u> 				
	responses to questions on Schedule L (see i	nstructions).			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number 13-0887610 JTA-MJL NEW CORP.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONNECT AS MANY PEOPLE AS POSSIBLE TO ALL SIDES OF THE UNFOLDING JEWISH STORY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WE ARE INSPIRED BY THE JEWISH STORY'S POWER TO PROVIDE DEEP PERSONAL MEANING, SUSTAIN A PEOPLE AND IMPROVE THE WORLD. OUR BRAND COLLECTIVELY SERVE AS A VIRTUAL TOWN SOUARE, HIGHLIGHTING AND HOSTING A MULTITUDE OF VOICES AND CONVERSATIONS AS WE INFORM PEOPLE ABOUT JEWISH NEWS, HISTORY, TRADITIONS, VALUES, ENTERTAINMENT AND CULTURE. WE REACH PEOPLE WHEREVER THEY ARE IN THEIR LIVES, LEVEL OF JEWISH KNOWLEDGE AND SENSE OF JEWISH IDENTITY. WE CONNECT PEOPLE AND COMMUNITIES IN NORTH AMERICA, ISRAEL AND AROUND THE GLOBE. THROUGH THESE EFFORTS, WE PROVIDE A UNIQUE PLATFORM FOR PEOPLE TO IDENTIFY WITH THE JEWISH STORY AND TAKE PART IN RENEWING IT FOR OUR TIME.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: AND FOOD NEWS, FROM EUROPE TO YEMEN, FROM CHALLAH TO SHAKSHUKA AND BEYOND.

THE JTA ARCHIVE OFFERS FREE ACCESS TO NEARLY A CENTURY OF REPORTING ABOUT GLOBAL EVENTS AFFECTING WORLD JEWRY. IT IS A RICH RESOURCE FOR BOTH THE CASUALLY CURIOUS AS WELL AS STUDENTS AND SCHOLARS OF MODERN JEWISH HISTORY.

Name of the organization **Employer identification number** JTA-MJL NEW CORP. 13-0887610 JUST-PLAIN-STRANGE DISPATCHES FROM JEWISH CULTURE, TRADITION, AND HISTORY. FORM 990, PART VI, SECTION B, LINE 11: COPIES OF FORM 990 ARE DISTRIBUTED TO THE ORGANIZATIONS GOVERNING BOARD PRIOR TO THE FILING OF FORM 990. MEMBERS OF THE GOVERNING BOARD ARE GIVEN A WEEK TO COMMENT ON THE 990. FORM 990, PART VI, SECTION B, LINE 12C: MUST BE COMPLETED BY ALL NEW BOARD MEMBERS AND UPDATED ANUALLY FORM 990, PART VI, SECTION B, LINE 15: ALL MEMBERS OF JTA-MJL NEW CORP. MANAGEMENT, WITH THE EXCEPTION OF THE CEO, RECEIVE EVALUATIONS ON AN ANNUAL BASIS, AND DISCRETIONARY SALARY INCREASES ARE AWARDED ON THE BASIS OF THOSE EVALUATIONS. JTA-MJL NEW CORP.'S CEO RECEIVES AN ANNUAL EVALUATION BY THE PRESIDENT OF THE JTA-MJL NEW CORP. BOARD OF DIRECTORS. THE CEO'S SALARY IS SET BY AN AD-HOC COMPENSATION COMMITTEE, CONSISTING OF THE BOARD PRESIDENT, BOARD CHAIR, AND CHAIR(S) OF THE BOARD COMMITTEE ON PERSONNEL AND BENEFITS. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST FORM 990, PART IX, LINE 11G, OTHER FEES: OUTSIDE CONSULTANTS: PROGRAM SERVICE EXPENSES 426,946. MANAGEMENT AND GENERAL EXPENSES 30,911. FUNDRAISING EXPENSES 93,248.

Name of the organization JTA-MJL NEW CORP.	Employer identification number 13-0887610		
TOTAL EXPENSES	551,105.		
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	551,105.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:			
MY JEWISH LEARNING, INC. MERGED WITH JEWISH TELEGRAPHIC			
AGENCY	687,059.		
FORM 990, PART XII LINE 2C			
THE PROCESS DID NOT CHANGE FROM PRIOR YEARS.			

FORM 990, PART XI LINE 9

EFFECTIVE JANUARY 1, 2015, MY JEWISH LEARNING, INC. ("MJL") EIN:

75-3121525 MERGED INTO JEWISH TELEGRAPHIC AGENCY, INC. ("JTA") (SEE

ATTACHMENT - MERGER DOCUMENTS) AND THAT JTA WILL NOW BE KNOWN AS

JTA-MJL NEW CORP. ALL OF THE ASSETS, PROPERTY, RIGHTS AND PRIVILEGES

OF MJL, INCLUDING, WITHOUT LIMITATION, ANY REAL AND PERSONAL PROPERTY,

AND ALL ASSETS USED IN CONJUNCTION WITH OR NECESSARY FOR THE OPERATION

OF MJL, INCLUDING ITS LOGOS, TRADEMARKS, MARKETING MATERIALS AND

WEBSITES (TOGETHER, THE "TRANSFERRED ASSETS"), WILL VEST IN THE

SURVIVING CORPORATION AND THE SURVIVING CORPORATION WILL POSSESS ALL

THE RIGHTS, PRIVILEGES, IMMUNITIES, POWERS AND PURPOSES OF JTA AND MJL.

ACCORDINGLY, ADJUSTMENTS WERE MADE TO JTA'S OPENING BALANCE TO REFLECT

MJL'S OPENING BALANCES AS OF JANUARY 1, 2015. THIS ADJUSTMENT INCLUDED

MJL'S ASSETS (CASH, RECEIVABLES, GRANTS, FIXED ASSETS, ETC.), LIABILITY

(ACCOUNTS PAYABLES, ACCRUED EXPENSES, DEFERRED REVENUE, ETC.) AND NET

ASSETS (UNRESTRICTED, TEMPORARILY RESTRICTED).