

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation.) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization THE NEWTON D & ROCHELLE F BECKER FOUNDATION
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6505 WILSHIRE BLVD 1200
City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES, CA 90048

D Employer identification number 95-4095134
E Telephone number (323) 761-8700
G Gross receipts \$ 5,164,613

F Name and address of principal officer: ROBERT AVERY
6505 WILSHIRE BLVD 1200
LOS ANGELES, CA 90048

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: N/A

K Form of organization: Corporation Trust Association Other

L Year of formation: 1986 M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE NEWTON D. AND ROCHELLE F. BECKER FOUNDATION'S CHARITABLE GIVING IS DIRECTED TO LOCAL, NATIONAL, AND INTERNATIONAL PROGRAMS.

Table with 2 columns: Description, Amount. Rows include: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 5. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4. 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 0. 6 Total number of volunteers (estimate if necessary) 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 33,079. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (Part VIII, line 1h) 0 0. 9 Program service revenue (Part VIII, line 2g) 0 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,149,036 2,245,444. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 452 1,979. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,149,488 2,247,423.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 890,903 3,509,811. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. 16b Total fundraising expenses (Part IX, column (D), line 25) 0 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 157,527 122,435. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,048,430 3,632,246. 19 Revenue less expenses. Subtract line 18 from line 12 2,101,058 -1,384,823.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (Part X, line 16) 49,334,953 40,337,850. 21 Total liabilities (Part X, line 26) 504,848 677,277. 22 Net assets or fund balances. Subtract line 21 from line 20 48,830,105 39,660,573.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date 2023-11-10
Deborah Johnston SVPF and CFO
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date 2023-11-06 Check if self-employed PTIN P01866796
Firm's name ERNST & YOUNG US LLP Firm's EIN 34-6565596
Firm's address 1101 NEW YORK AVENUE NW Washington, DC 20005 Phone no. (202) 327-6000

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE NEWTON D. AND ROCHELLE F. BECKER FOUNDATION'S CHARITABLE GIVING IS DIRECTED TO LOCAL, NATIONAL, AND INTERNATIONAL PROGRAMS.

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 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 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 total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **3,509,811** including grants of \$ **3,509,811**) (Revenue \$ **0**)
CHARITABLE GIVING

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **3,509,811**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 17, including sub-questions like 2b, 3a, 3b, 4a, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17. Includes a '0' in a box for question 2a.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Management duties), 4 (Significant changes), 5 (Asset diversion), 6 (Members/stockholders), 7a (Power to elect), 7b (Governance decisions), 8 (Meetings documentation), 8a (Governing body), 8b (Committee authority), 9 (Officer/director/trustee/employee).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Written policies), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure of interests), 12c (Compliance monitoring), 13 (Whistleblower policy), 14 (Retention/destruction policy), 15 (Compensation review), 15a (CEO review), 15b (Other officers review), 16a (Joint venture investment), 16b (Joint venture policy).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (States for Form 990), 18 (Section 6104 availability), 19 (Governing documents), 20 (State name/address/phone).

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other Similar Amounts, and Federated campaigns, Membership dues, Fundraising events, etc.

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a through 2f and a total line 9.

Table for Other Revenue with columns for revenue amounts. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain or loss from sales of assets, 8a-8c Fundraising events, 9a-9c Gaming activities, and 10a-10c Sales of inventory.

Table for Other Revenue Misc Amt with columns for revenue amounts. Rows include 11a OTHER INCOME with Business Code 900099, and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,939,811	2,939,811		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	570,000	570,000		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	55,901		55,901	
c Accounting	7,430		7,430	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	49,834		49,834	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	9,050		9,050	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TAXES AND FEES	220		220	
b				
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	3,632,246	3,509,811	122,435	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	16,050	2	1,704,320
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	0		
	b Less: accumulated depreciation	0	10c	0
	11 Investments—publicly traded securities	41,001,775	11	31,939,071
	12 Investments—other securities. See Part IV, line 11	8,317,127	12	6,686,307
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	1	15	8,152
16 Total assets: Add lines 1 through 15 (must equal line 33)	49,334,953	16	40,337,850	
Liabilities	17 Accounts payable and accrued expenses	0	17	1,398
	18 Grants payable	471,768	18	641,579
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	33,080	25	34,300
	26 Total liabilities. Add lines 17 through 25	504,848	26	677,277
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	48,830,105	27	39,660,573
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32 Total net assets or fund balances	48,830,105	32	39,660,573
	33 Total liabilities and net assets/fund balances	49,334,953	33	40,337,850

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (2,247,423); Line 2: Total expenses (3,632,246); Line 3: Revenue less expenses (-1,384,823); Line 4: Net assets at beginning (48,830,105); Line 5: Net unrealized gains (-7,784,709); Line 10: Net assets at end (39,660,573).

Part XII Financial Statements and Reporting

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Accounting method (Accrual checked); 2a Were financial statements compiled? (No); 2b Were financial statements audited? (Yes); 2c If Yes, does organization have a committee? (Yes); 3a As a result of a federal award, was the organization required to undergo an audit? (No); 3b If Yes, did the organization undergo the required audit? (No).

Additional Data

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Software ID: 22016089

Software Version: 2022v5.0

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEWTON D & ROCHELLE F BECKER FOUNDATION

Employer identification number
95-4095134

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **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.**
 - e 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 Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 1
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) JEWISH COMMUNITY FOUNDATION	956111928	7	Yes		75,000	0
Total	1				75,000	0

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17; Row 19a: 33 1/3% support tests-2022; Row 19b: 33 1/3% support tests-2021; Row 20: Private foundation.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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 lines 3b and 3c below.		No
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.		No
3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		No
4a			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4b			
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.		
4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).		No
5a			
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?		
5b			
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c			
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 .		
6		Yes	
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).		No
7			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		No
8			
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 .		No
9a			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		No
9b			
c	Did a disqualified person (as defined on 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 .		No
9c			
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 line 10b below.		No
10a			
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).		
10b			

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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? <i>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.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		No
		1	Yes
		2	No

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
		1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		
		2a	
		2b	
		3a	
		3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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 | | |

Section 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): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | | |
| 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 0.015 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 0.035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section 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-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

Return Reference

Explanation

Schedule A, Part IV, Section A, Line 6 Support to other supported orgs

THE NEWTON D. & ROCHELLE F. BECKER FOUNDATION IS A TYPE I SUPPORTING ORGANIZATION WHICH OPERATES UNDER THE CLOSE SUPERVISION AND CONTROL OF ITS SUPPORTED ORGANIZATION, JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES (JCF). A MAJORITY OF THE NEWTON D. & ROCHELLE F. BECKER FOUNDATION BOARD OF DIRECTORS IS DESIGNATED BY JCF. THE NEWTON D. & ROCHELLE F. BECKER FOUNDATION PROVIDES GRANTS AND CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS IN FURTHERANCE OF JCF'S MISSION. THE NEWTON D. & ROCHELLE F. BECKER FOUNDATION ONLY PROVIDES GRANTS TO PUBLIC CHARITIES AS DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3) AND 170(B)(1)(A) (OTHER THAN CLAUSE VII) AS STATED IN THE NEWTON D. & ROCHELLE F. BECKER FOUNDATION BYLAWS. ALL GRANTS MADE ARE APPROVED BY THE BOARD OF THE NEWTON D. & ROCHELLE F. BECKER FOUNDATION, THE MAJORITY OF DIRECTORS ARE DESIGNATED BY JCF. ALL GRANT CHECKS ARE SIGNED BY AT LEAST ONE OFFICER OF JCF.

Additional Data

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Supplemental Financial Statements

2022

Open to Public Inspection

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization THE NEWTON D & ROCHELLE F BECKER FOUNDATION

Employer identification number

95-4095134

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, etc.), a table for 'Held at the End of the Year' with rows 2a-2d, and several numbered questions about monitoring and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and historical treasures, and a table for reporting revenue and assets.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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					

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term 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

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 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) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . ▶

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) MAKENA	5,725,987	F
(B) BECKER MICROBIAL		
(C) GIGAWATT GLOBAL	500,000	F
(D) ATOX BIO PREF.	460,320	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	6,686,307	

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)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

Part X Other Liabilities.

Complete if the organization answered 'Yes' 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	34,300

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	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	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	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	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	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.

1	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	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	INCOME TAXES - THE FOUNDATION AND ITS SUPPORT FOUNDATIONS ARE PUBLIC CHARITIES AND ARE EXEMPT FROM FEDERAL INCOME AND CALIFORNIA FRANCHISE TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING CALIFORNIA REVENUE AND TAXATION CODE SECTIONS. THE FOUNDATION AND ITS SUPPORT FOUNDATIONS DO NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS. THE FOUNDATION AND ITS SUPPORT FOUNDATIONS FILE INFORMATION ORGANIZATION RETURNS IN THE UNITED STATES FEDERAL JURISDICTION AND WITH THE FRANCHISE TAX BOARD IN THE STATE OF CALIFORNIA.

Additional Data

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2022

Open to Public Inspection

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEWTON D & ROCHELLE F BECKER FOUNDATION

Employer identification number

95-4095134

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as 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 the region	(f) Total expenditures for and investments in the region
(1) Europe (Including Iceland and Greenland)	0	0	Investments		500,000
(2) Europe (Including Iceland and Greenland)	0	0	Investments		460,320
(3) Europe (Including Iceland and Greenland)	0	0	Grantmaking		330,000
(4) Middle East and North Africa	0	0	Grantmaking		300,000
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			1,590,320
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			1,590,320

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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe (Including Iceland and Greenland)	GENERAL SUPPORT	200,000	CHECK			BOOK
(2)			Europe (Including Iceland and Greenland)	GENERAL SUPPORT	100,000	CHECK			BOOK
(3)			Europe (Including Iceland and Greenland)	GENERAL SUPPORT	30,000	CHECK			BOOK
(4)			Middle East and North Africa	GENERAL SUPPORT	30,000	CHECK			BOOK
(5)			Middle East and North Africa	GENERAL SUPPORT	100,000	CHECK			BOOK
(6)			Middle East and North Africa	GENERAL SUPPORT	60,000	CHECK			BOOK
(7)			Middle East and North Africa	GENERAL SUPPORT	60,000	CHECK			BOOK
(8)			Middle East and North Africa	GENERAL SUPPORT	25,000	CHECK			BOOK
(9)			Middle East and North Africa	GENERAL SUPPORT	25,000	CHECK			BOOK
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 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 9

3 Enter total number of other organizations or entities 0

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 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 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; don't file with Form 990)* Yes 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 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 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 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; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	ALL GRANTS IN SCHEDULE F ARE TO DOMESTIC 501(C)(3) ORGANIZATIONS THAT PROVIDE GRANTS OR OTHER ASSISTANCE TO DESIGNATED FOREIGN ORGANIZATIONS. THE MAJORITY OF GRANTS ISSUED BY THE ORGANIZATION ARE FOR THE PERIOD OF ONE YEAR. WHEN THE ORGANIZATION ISSUES A MULTI-YEAR GRANT FOR A SPECIFIED PURPOSE, A GRANT AGREEMENT IS PREPARED BETWEEN THE ORGANIZATION AND THE GRANTEE DETAILING BENCHMARKS THAT MUST BE ACHIEVED BY THE GRANTEE. THE AGREEMENT IS MONITORED AND THE GRANTEE MUST SHOW FULFILLMENT OF BENCHMARKS WITH A WRITTEN REPORT PRIOR TO RECEIVING THE NEXT INSTALLMENT OF THE GRANT.
Schedule F, Part I, Line 3 Method used to account for expenditures on org's financial statements	EUROPE (INCLUDING ICELAND AND GREENLAND)-; MIDDLE EAST AND NORTH AFRIC
Schedule F, Part II, Line 1 Method used to account for expenditures on org's financial statements	EUROPE (INCLUDING ICELAND AND GREENLAND)-; MIDDLE EAST AND NORTH AFRIC

Additional Data

Software ID: 22016089

Software Version: 2022v5.0

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization
THE NEWTON D & ROCHELLE F BECKER FOUNDATION

Employer identification number
95-4095134

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AICE INC 2810 BLAINE DR CHEVY CHASE, MD 20815	52-1865861	501(C)(3)	30,000				GENERAL SUPPORT
(2) AMERICAN FOREIGN POLICY COUNCIL 509 C STREET NE WASHINGTON, DC 20002	52-1274529	501(C)(3)	100,000				GENERAL SUPPORT
(3) ANTI-DEFAMATION LEAGUE 605 3RD AVE NEW YORK, NY 10158	13-1818723	501(C)(3)	100,000				GENERAL SUPPORT
(4) BIPARTISAN POLICY CENTER INC 1225 I ST NW STE 1000 WASHINGTON, DC 20005	73-1628382	501(C)(3)	60,000				GENERAL SUPPORT
(5) BOUNDLESS ISRAEL INC 258 WARREN ST WALTHAM, MA 02453	86-3691816	501(C)(3)	25,000				GENERAL SUPPORT
(6) BROWN UNIVERSITY BOX 1877 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	25,000				GENERAL SUPPORT
(7) CENTER FOR JEWISH COMMUNITY STUDIES 7 CHURCH LANE 9 BALTIMORE, MD 21208	23-2009062	501(C)(3)	50,000				GENERAL SUPPORT
(8) COMM FOR ACCRCY MID EAST AMERICA PO BOX 35040 BOSTON, MA 02135	52-1332702	501(C)(3)	65,000				GENERAL SUPPORT
(9) ELECTRIC INFRASTRUCTURE SECURITY 10 G STREET NE 600 WASHINGTON, DC 20002	27-0713559	501(C)(3)	700,000				GENERAL SUPPORT
(10) FACING HISTORY AND OURSELVES NAT FDN 89 SOUTH ST 401 BOSTON, MA 02445	04-2761636	501(C)(3)	25,000				GENERAL SUPPORT
(11) Fnd FOR THE DEFENSE OF DEMOCRACIES INC 1800 M ST NW 800S WASHINGTON, DC 20036	13-4174402	501(C)(3)	300,000				GENERAL SUPPORT
(12) FRIENDS OF JERUSALEM INSTITUTE STRATEGY & SECURITY 11152 OAK RIDGE DR S JACKSONVILLE, FL 32225	84-3820476	501(C)(3)	20,000				GENERAL SUPPORT
(13) FUENTE LATINA INC 7300 BISCAYNE BLVD STE 200 MIAMI, FL 33138	47-1624899	501(C)(3)	100,000				GENERAL SUPPORT
(14) HEART OF A NATION 1225 NEW HAMPSHIRE AVE NW STE 92 WASHINGTON, DC 20036	86-3304037	501(C)(3)	25,000				GENERAL SUPPORT
(15) HIAS INC PO BOX 97077 WASHINGTON, DC 20090	13-5633307	501(C)(3)	50,000				GENERAL SUPPORT
(16) HILLEL AT UCLA -	46-0573247	501(C)(3)	15,000				GENERAL SUPPORT

HILLEL FDN JEWISH CAMPUS LIFE 574 HILGARD AVE LOS ANGELES,CA 90024							
(17) HONEST REPORTING COM INC 165 EAST 56TH ST 2ND FLOOR NEW YORK,NY 100222709	06-1611859	501(C)(3)	60,000				GENERAL SUPPORT
(18) IMAGINATION PRODUCTIONS AKA OPENDOR MEDIA 11110 W OAKLAND PARK BLVD 288 SUNRISE,FL 33351	26-1264680	501(C)(3)	50,000				GENERAL SUPPORT
(19) INSTITUTE FOR THE STUDY OF GLOBAL ANTI- SEMITISM AND POLICY 9429 HARDING AVE STE 132 MIAMI BEACH,FL 33154	20-1381912	501(C)(3)	70,000				GENERAL SUPPORT
(20) ISRAEL EMERGENCY ALLIANCE - STANDWITHUS 6505 WILSHIRE BLVD 5TH FL LOS ANGELES,CA 90048	01-0566033	501(C)(3)	120,000				GENERAL SUPPORT
(21) ISRAEL ON CAMPUS COALITION PO BOX 34640 WASHINGTON,DC 200434640	30-0664947	501(C)(3)	50,000				GENERAL SUPPORT
(22) ISRAEL-AMERICA ACADEMIC EXCHANGE 8383 WILSHIRE BLVD STE 400 BEVERLY HILLS,CA 90211	26-3402247	501(C)(3)	25,000				GENERAL SUPPORT
(23) JEWISH COMMUNITY FOUNDATION OF LOS ANGELES 6505 WILSHIRE BLVD 1200 LOS ANGELES,CA 90048	95-6111928	501(C)(3)	75,000				GENERAL SUPPORT
(24) JEWISH COMMUNITY RELATIONS COUNCIL OF SAN FRANCISCO MARIN PENINSULA 121 STEUART ST STE 301 SAN FRANCISCO,CA 94105	94-1156335	501(C)(3)	50,000				GENERAL SUPPORT
(25) JEWISH FEDERATION OF GREATER LOS ANGELES 6505 WILSHIRE BLVD LOS ANGELES,CA 90048	95-1643388	501(C)(3)	100,000				GENERAL SUPPORT
(26) JEWISH INSTITUTE FOR NATIONAL SECURITY OF AMERICA 1101 14TH ST NW STE 1030 WASHINGTON,DC 20005	52-1233683	501(C)(3)	25,000				GENERAL SUPPORT
(27) JUMPSTART LABS INC DBA JEWISH JUMPSTART 2801 OCEAN PARK BLVD 348 SANTA MONICA,CA 90405	26-2173175	501(C)(3)	60,000				GENERAL SUPPORT
(28) LEADING EDGE ALLIANCE INC 85 BROAD STREET 16TH FLOOR NEW YORK,NY 10004	81-2625263	501(C)(3)	30,000				GENERAL SUPPORT
(29) LOS ANGELES JEWISH HOME FOR THE AGING DBA LOS ANGELES JEWISH HEALTH 7150 RESEDA,CA 91335	95-3510024	501(C)(3)	25,000				GENERAL SUPPORT
(30) MIDDLE EAST MEDIA AND RESEARCH INSTITUTE INC 1411 K ST NW 11TH FL WASHINGTON,DC 20005	52-2068483	501(C)(3)	200,000				GENERAL SUPPORT
(31) MOVING TRADITIONS 8380 OLD YORK RD 4300 ELKINS PARK,PA 19027	34-2015014	501(C)(3)	25,000				GENERAL SUPPORT
(32) REBOOT INC 734 LONGMEADOW ST UNIT 103 LONGMEADOW,MA 01106	57-1154844	501(C)(3)	25,000				GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I	The filing organization's method of accounting is accrual. However, to facilitate transparency regarding its grantmaking program, amounts reported on this schedule are based on the cash method.
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	THE MAJORITY OF GRANTS ISSUED BY THE ORGANIZATION ARE FOR THE PERIOD OF ONE YEAR. WHEN THE ORGANIZATION ISSUES A MULTI-YEAR GRANT FOR A SPECIFIED PURPOSE, A GRANT AGREEMENT IS PREPARED BETWEEN THE ORGANIZATION AND THE GRANTEE DETAILING BENCHMARKS THAT MUST BE ACHIEVED BY THE GRANTEE. THE AGREEMENT IS MONITORED AND THE GRANTEE MUST SHOW FULFILLMENT OF BENCHMARKS WITH A WRITTEN REPORT PRIOR TO RECEIVING THE NEXT INSTALLMENT OF THE GRANT.

Additional Data

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Software ID: 22016089

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEWTON D & ROCHELLE F BECKER FOUNDATION

Employer identification number
95-4095134

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 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:

- a** The organization?
 - b** Any related organization?
- If "Yes," on 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:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARVIN I SCHOTLAND SECRETARY/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	485,116	18,000	10,126	64,042	14,762	592,046	0
2 ELLEN ROSEN ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	206,989	5,000	0	10,500	11,551	234,040	0
3 DAVID CARROLL TREASURER (term 5/2022)	(i)	0	0	0	0	0	0	0
	(ii)	139,644	20,000	0	7,599	7,297	174,540	0
4 ROBERT AVERY TREASURER (Start 4/2022)	(i)	0	0	0	0	0	0	0
	(ii)	194,757	0	0	0	7,204	201,961	0

Part III Supplemental Information

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

Return Reference	Explanation
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Additional Data

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Software Version: 2022v5.0

SCHEDULE O
(Form 990)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2022**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
THE NEWTON D & ROCHELLE F BECKER FOUNDATION

Employer identification number

95-4095134

Return Reference	Explanation
Form 990, Part VI, Line 2 FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	DAVID BECKER AND BRYAN GORDON HAVE A FAMILY RELATIONSHIP.
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THE JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES (JEWISH COMMUNITY FOUNDATION), THE SUPPORTED ORGANIZATION, HAS THE AUTHORITY TO ELECT THE MAJORITY OF THE GOVERNING BOARD.
Form 990, Part VI, Line 8b Documentation of meetings held by committees of governing body	COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY THE ORGANIZATION HAD NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE FORM 990 IS COMPILED BY JEWISH COMMUNITY FOUNDATION'S TAX ACCOUNTING FIRM AND REVIEWED BY THE JEWISH COMMUNITY FOUNDATION ACCOUNTING STAFF AND VP OF FINANCE BEFORE BEING E-MAILED TO THE BOARD AND SUBSEQUENTLY FILED.
Form 990, Part VI, Line 12c Conflict of interest policy	THE ORGANIZATION'S WRITTEN CONFLICT OF INTEREST POLICY IS SENT TO AND REQUIRES OFFICERS, DIRECTORS, AND COMMITTEE MEMBERS TO DISCLOSE, ON AN ONGOING BASIS (E.G., ANNUALLY), POTENTIAL CONFLICTS FOR THEMSELVES AND THEIR FAMILY MEMBERS. THE PRESIDENT/CEO AND CFO OF JEWISH COMMUNITY FOUNDATION, A RELATED ORGANIZATION, REVIEW ANY DISCLOSED CONFLICTS AND SUBMIT ACTUAL OR POTENTIAL CONFLICTS TO THE BOARD OF THE JEWISH COMMUNITY FOUNDATION FOR REVIEW.
Form 990, Part VI, Line 19 Required documents available to the public	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
Form 990, Part VII, Section A	ALL COMPENSATED OFFICERS WORK FOR JEWISH COMMUNITY FOUNDATION AND AS SUCH ARE COMPENSATED BY JEWISH COMMUNITY FOUNDATION FOR THEIR SERVICES. THE JEWISH COMMUNITY FOUNDATION'S COMPENSATION COMMITTEE REVIEWS AND APPROVES EXECUTIVE MANAGERS' COMPENSATION. OTHER DIRECTORS ARE VOLUNTEERS AND AS SUCH ARE NOT COMPENSATED FOR THEIR SERVICES.
Form 990, Part IX, Line 1 AND 3; SCHEDULE A, PART I; SCHEDULE F PART II; Schedule I, Part II	AMOUNTS REPORTED ON PART IX, LINES 1 AND 3 REPRESENT GRANTS AND CONTRIBUTIONS EXPENSE ACCRUED FOR GAAP PURPOSES IN THE ORGANIZATION'S BOOKS AND RECORDS. AMOUNTS REPORTED ON SCHEDULE A, PART I, SCHEDULE F, PART II AND SCHEDULE I, PART II REPRESENT GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR.
Form 990, Part XII, Line 2c	JEWISH COMMUNITY FOUNDATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE CONSOLIDATED AUDIT AND SELECTS AN INDEPENDENT AUDITOR ON BEHALF OF THE FOUNDATION.
Schedule F, Part I Accounting Method	THE FILING ORGANIZATION'S METHOD OF ACCOUNTING IS ACCRUAL. HOWEVER, TO FACILITATE TRANSPARENCY REGARDING ITS GRANTMAKING PROGRAM, AMOUNTS REPORTED ON THIS SCHEDULE ARE BASED ON THE CASH METHOD.

Additional Data

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Software ID: 22016089

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

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▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEWTON D & ROCHELLE F BECKER FOUNDATION

Employer identification number
95-4095134

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BERNARD AND RENA SHAPIRO FAMILY SUPT ORG 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 83-2718308	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(2) BERKE FAMILY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 33-0782972	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(3) BILL & BONNY LEVINE FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4199489	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(4) JACK E & RACHEL GINDI FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4068700	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(5) JEWISH FEDERATION COUNCIL OF GREATER LA 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-1643388	GENERAL SUPT	CA	501(c)(3)	7	NA		No
(6) JEWISH COMMUNITY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-6111928	PHILANTHROPY	CA	501(c)(3)	7	NA		No
(7) KURTZMAN FAMILY FOUNDATION 6505 WILSHIRE BLVD LOS ANGELES, CA 90048 95-4684563	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(8) LEE & HERMAN OSTROW FAMILY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 01-0734263	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(9) LEONARD & ANNETTE SHAPIRO FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4582899	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(10) PEGGY AND EDWARD ROBIN FAMILY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 84-2019312	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(11) RICHARD AND ROBERTA MARANTZ FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4088934	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(12) RUTH & SONNY SINGER FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4364781	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(13) SINDER FAMILY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4092908	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(14) THE ABRASBA FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 05-0545566	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(15) THE EDWARD RAPHAEL FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 68-0493061	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(16) THE EMQUIES FAMILY SUPPORT FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 26-1573706	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(17) THE GOREN FAMILY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4092926	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(18) THE JEWISH COMMUNITY FDN CHARITABLE FUND 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-3507310	GENERAL SUPT	CA	501(c)(3)	PF	JCF	Yes	
(19) THE JOYCE & LAWRENCE POWELL FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4826900	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(20) THE JUDY & BERNARD BRISKIN FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 80-0143565	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(21) THE LEVEY CHERRY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 03-0576686	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(22) THE LOUIS & JUDITH MILLER FAMILY 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4773791	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(23) THE MELISSA MARANTZ NEALY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 35-2303167	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(24) THE PALERMO-RAVICH FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4717551	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(25) THE PEPP FAMILY SUPPORT FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 56-2669586	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(26) THE SABAN CHARITABLE SUPPORT FUND 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 68-0517051	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(27) THE SALTER FAMILY CHARITABLE FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-3924344	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(28) THE SEYMOUR AND ELAINE MASOR FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4621783	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(29) THE SHIRLEY & BURT HARRIS FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4246144	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(30) THE STEVEN & LOTTIE WALKER FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4095677	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(31) THE TOM AND SONDRA RYKOFF FAMILY 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4651913	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(32) THE TRENA & STANLEY GREITZER FAMILY 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4716089	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(33) THE ZIERING FAMILY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4556596	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(34) TIKUN OLAM FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4871770	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	
(35) WHIZIN SUPPORT FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4571058	GENERAL SUPT	CA	501(c)(3)	Type I	JCF	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p	Yes	
1q		No
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

Additional Data[Return to Form](#)**Software ID:** 22016089**Software Version:** 2022v5.0