

# TAX RETURN FILING INSTRUCTIONS

PUBLIC DISCLOSURE COPY  
FEDERAL FORM 990

FOR THE YEAR ENDING

~ ~ JUNE 30, 2014 ~ ~ ~

Prepared for	THE JEWISH FEDERATION OF GREATER WASHINGTON, INC. 6101 EXECUTIVE BOULEVARD NORTH BETHESDA, MD 20852
Prepared by	BDO USA, LLP 7101 WISCONSIN AVENUE, SUITE 800 BETHESDA, MD 20814
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	N/A
Return must be mailed on or before	N/A
Special Instructions	FEDERAL LAW REQUIRES THAT A COPY OF THE THREE PRECEDING YEARS 990 BE AVAILABLE FOR PUBLIC INSPECTION DURING REGULAR BUSINESS HOURS BY ANY INDIVIDUAL AT THE PRINCIPAL OFFICE OF SUCH ORGANIZATION AND, IF SUCH ORGANIZATION REGULARLY MAINTAINS 1 OR MORE REGIONAL OR DISTRICT OFFICES HAVING 3 OR MORE EMPLOYEES, AT EACH SUCH REGIONAL OR DISTRICT OFFICE, AND UPON REQUEST OF AN INDIVIDUAL MADE AT SUCH PRINCIPAL OFFICE OR SUCH A REGIONAL OR DISTRICT OFFICE, A COPY OF SUCH ANNUAL RETURN, REPORTS, AND EXEMPT STATUS APPLICATION MATERIALS OR SUCH NOTICE MATERIALS SHALL BE PROVIDED TO SUCH INDIVIDUAL WITHOUT CHARGE OTHER THAN A REASONABLE FEE FOR ANY REPRODUCTION AND MAILING COSTS. THE REQUEST DESCRIBED MUST BE MADE IN PERSON OR IN WRITING. IF SUCH REQUEST IS MADE IN PERSON, SUCH COPY SHALL BE PROVIDED IMMEDIATELY AND, IF MADE IN WRITING, SHALL BE PROVIDED WITHIN 30 DAYS. PLEASE CONTACT OUR OFFICE WITH ANY QUESTIONS THAT YOU MAY HAVE CONCERNING PUBLIC DISCLOSURE REQUIREMENTS.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

**2013**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning** 07/01, 2013, and ending 06/30, 2014

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC. Doing Business As			<b>D</b> Employer identification number 53-0212445
	Number and street (or P.O. box if mail is not delivered to street address) 6101 EXECUTIVE BOULEVARD		Room/suite 100	<b>E</b> Telephone number (301) 230-7200
	City or town, state or province, country, and ZIP or foreign postal code NORTH BETHESDA, MD 20852			<b>G</b> Gross receipts \$ 81,358,342.
	<b>F</b> Name and address of principal officer: STEVEN A. RAKITT 6101 EXECUTIVE BOULEVARD NORTH BETHESDA, MD 20852-48			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ WWW.SHALOMDC.ORG				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L</b> Year of formation: 1948				<b>M</b> State of legal domicile: MD

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: COMMUNITY BUILDER, FUNDRAISER, AND SAFETY NET FOR THE JEWISH COMMUNITY OF GREATER WASHINGTON.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	117.	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	116.	
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	100.	
	<b>6</b>	Total number of volunteers (estimate if necessary)	7,059.	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	1,109,013.	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	900,131.		
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b>	Contributions and grants (Part VIII, line 1h)	29,572,420.	30,460,038.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,539,826.	4,481,317.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	349,099.	483,124.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,461,345.	35,424,479.
<b>Expenses</b>			<b>Prior Year</b>	<b>Current Year</b>
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,015,262.	24,437,602.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,305,747.	6,728,379.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	113,868.	50,623.
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,383,348.		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,261,675.	4,002,255.	
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,696,552.	35,218,859.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	10,764,793.	205,620.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16)	200,627,486.	216,125,320.
	<b>21</b>	Total liabilities (Part X, line 26)	73,647,379.	74,700,734.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	126,980,107.	141,424,586.	

**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.

<b>Sign Here</b>	Signature of officer STEVEN A. RAKITT		Date CEO & EXEC VP	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MIKE SORRELLS	Preparer's signature <i>Mike Sorrells</i>	Date 5/8/2015	Check <input type="checkbox"/> if self-employed PTIN P00001737
	Firm's name ▶ BDO USA, LLP		Firm's EIN ▶ 13-5381590	
	Firm's address ▶ 7101 WISCONSIN AVE, SUITE 800 BETHESDA, MD 20814-4827		Phone no. 301-654-4900	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

ATTACHMENT 1

**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 \$ 24,437,602. including grants of \$ 24,437,602. ) (Revenue \$ )

ALLOCATION TO BENEFICIARY AGENCIES:

THE JEWISH FEDERATION OF GREATER WASHINGTON SUPPORTS 43 LOCAL AGENCIES, 12 NATIONAL ORGANIZATIONS, 4 OVERSEAS PARTNERS (THROUGH THEIR U.S. NONPROFIT AFFILIATE) AND MORE THAN 60 CONGREGATIONS THAT CARE FOR THOSE IN NEED, DEEPEN PEOPLE'S ENGAGEMENT IN JEWISH LIFE AND CONNECT JEWS LOCALLY, IN ISRAEL AND AROUND THE WORLD. THE JEWISH FEDERATION TAKES SERIOUSLY ITS RESPOSNSIBILITY TO CARE FOR THE VULNERABLE IN OUR COMMUNITY AND AROUND THE WORLD. (SEE SCHEDULE O FOR CONTINUATION)

**4b** (Code: ) (Expenses \$ 2,755,777. including grants of \$ ) (Revenue \$ )

COMMUNITY OUTREACH:

THE JEWISH FEDERATION OF GREATER WASHINGTON STRIVES TO MAKE THE JOYS OF JEWISH LIFE ACCESSIBLE TO EVERYONE, SEAMLESSLY CONNECTING THE DIVERSE POPULATION THAT MAKES UP THE JEWISH COMMUNITY OF GREATER WASHINGTON. REGARDLESS OF A PERSON'S LEVEL OF OBSERVANCE, INTERESTS, AGE, SEXUAL ORIENTATION OR GEOGRAPHY, THERE ARE COUNTLESS WAYS ONE CAN EXPEREINCE AND ENJOY JEWISH CULTURE AND TRADITION IN OUR COMMUNITY. (SEE SCHEDULE O FOR CONTINUATION)

**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 ▶ 27,193,379.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

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 columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (117), 1b (116), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed DC, MD, VA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ISABELLA YUSIMOVA 6101 EXECUTIVE BOULEVARD NORTH BETHESDA, MD 20852 301-230-7200

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)NISSAN ANTINE MEMBER	.70	X						0	0	0
(2)ADAM AUGUST MEMBER	.70	X						0	0	0
(3)EMILY BENOVIITZ MEMBER	.70	X						0	0	0
(4)PAUL S. BERGER COUNSEL	2.00	X		X				0	0	0
(5)JOSHUA B. BERNSTEIN VICE PRESIDENT AT LARGE	2.00	X		X				0	0	0
(6)MICHELE HYMER BLITZ MEMBER	.70	X						0	0	0
(7)A. ROBERT BLOOM MEMBER	.70	X						0	0	0
(8)SAMUEL B. BOXERMAN MEMBER	.70	X						0	0	0
(9)NANCI S. BRAMSON MEMBER	.70	X						0	0	0
(10)JOEL BRESLAU MEMBER	.70	X						0	0	0
(11)FAY-ANN BRODIE MEMBER	.70	X						0	0	0
(12)SAMUEL BRYLAWSKI MEMBER	.70	X						0	0	0
(13)BRADLEY A. BUSLIK MEMBER	.70	X						0	0	0
(14)DAVID J. BUTLER MEMBER	.70	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) JONATHAN CHARNOFF MEMBER	.70	X						0	0	0
( 16) JEFF COHEN MEMBER	.70	X						0	0	0
( 17) MARCELLA COHEN MEMBER	.70	X						0	0	0
( 18) MORRIS COHEN MEMBER	.70	X						0	0	0
( 19) ROSE COHEN MEMBER	.70	X						0	0	0
( 20) SCOTT M. COHEN MEMBER	.70	X						0	0	0
( 21) JASON M. CONWAY MEMBER	.70	X						0	0	0
( 22) LAURA K. CUTLER MEMBER	.70	X						0	0	0
( 23) EVA MALKA DAVIS VICE PRESIDENT FOR MARKETING	2.00	X		X				0	0	0
( 24) FRED DIAMOND MEMBER	.70	X						0	0	0
( 25) ROSS DIAMOND MEMBER	.70	X						0	0	0
<b>1b Sub-total</b> . . . . .								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								1,309,808.	0	77,180.
<b>d Total (add lines 1b and 1c)</b> . . . . .								1,309,808.	0	77,180.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 11

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) JEFFREY S. DISTENFELD MEMBER	.70	X						0	0	0
( 27) NANCY DUBER MEMBER	.70	X						0	0	0
( 28) AMY DWECK MEMBER	.70	X						0	0	0
( 29) PETER FEDEROWICZ MEMBER	.70	X						0	0	0
( 30) ANNE FEINBERG MEMBER	.70	X						0	0	0
( 31) DIANE S. FEINBERG PAST PRESIDENT	2.00	X		X				0	0	0
( 32) KEVIN E. FISHKIND MEMBER	.70	X						0	0	0
( 33) MICHAEL R. FLYER MEMBER	.70	X						0	0	0
( 34) MICHAEL FRIEDMAN MEMBER	.70	X						0	0	0
( 35) ILANA GAMERMAN MEMBER	.70	X						0	0	0
( 36) MICHAEL C. GELMAN PAST PRESIDENT	2.00	X		X				0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 11**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) SUSAN R. GELMAN PAST PRESIDENT	2.00	X		X				0	0	0
( 38) RACHEL GERROL MEMBER	.70	X						0	0	0
( 39) CATHY GILDENHORN PRESIDENTIAL APPOINTEE	2.00	X		X				0	0	0
( 40) JOSEPH B. GILDENHORN MEMBER	.70	X						0	0	0
( 41) RONALD R. GLANCZ VP FINANCE & TREASURER	2.00	X		X				0	0	0
( 42) SOL GLASNER MEMBER	.70	X						0	0	0
( 43) CAROL I. GORDON PRESIDENTIAL APPOINTEE	2.00	X		X				0	0	0
( 44) RALPH E. GRUNEWALD MEMBER	.70	X						0	0	0
( 45) MARCI HANDLER MEMBER	.70	X						0	0	0
( 46) RICH HANDLOFF MEMBER	.70	X						0	0	0
( 47) GREG HARRIS MEMBER	.70	X						0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 11

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) ARNIE HILLER MEMBER	.70	X						0	0	0
( 49) EMILY HOFMANN MEMBER	.70	X						0	0	0
( 50) KERRY L. IRIS MEMBER	.70	X						0	0	0
( 51) ARI ISRAEL MEMBER	.70	X						0	0	0
( 52) RONALD D. KABRAN MEMBER	.70	X						0	0	0
( 53) MARK KAHAN MEMBER	.70	X						0	0	0
( 54) BRUCE KAPLAN MEMBER	.70	X						0	0	0
( 55) EDWARD H. KAPLAN PAST PRESIDENT	2.00	X		X				0	0	0
( 56) IRENE R. KAPLAN PAST PRESIDENT	2.00	X		X				0	0	0
( 57) LESLIE A. KAPLAN MEMBER	.70	X						0	0	0
( 58) SAMUEL G. KAPLAN MEMBER	.70	X						0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 11**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
59) JULIE E. KASS MEMBER	.70	X						0	0	0
60) SHERRY K. KASWELL MEMBER	.70	X						0	0	0
61) SHELDON H. KLEIN MEMBER	.70	X						0	0	0
62) LAWRENCE P. KLINE MEMBER	.70	X						0	0	0
63) WILLIAM M. KREISBERG VP COMM & GLOBAL IMPACT-LOCAL	2.00	X		X				0	0	0
64) JOCELYN B. KRIFCHER MEMBER	.70	X						0	0	0
65) ALLEN KRONSTADT MEMBER	.70	X						0	0	0
66) ROCHELLE KUPFER VP OF WOMAN'S PHILANTHROPY	2.00	X		X				0	0	0
67) STUART S. KURLANDER PAST PRESIDENT	2.00	X		X				0	0	0
68) ARTHUR N. LERNER MEMBER	.70	X						0	0	0
69) STUART H. LESSANS MEMBER	.70	X						0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 11**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 70) HENRY D. LEVINE MEMBER	.70	X						0	0	0
( 71) MARK L. LEVITT PRESIDENT, UNITED JEWISH ENDOW	2.00	X		X				0	0	0
( 72) LIZA LEVY PRESIDENT	2.00	X		X				0	0	0
( 73) MARK K. LEZELL MEMBER	.70	X						0	0	0
( 74) YELENA LINGEL MEMBER	.70	X						0	0	0
( 75) PHILIP N. MARGOLIUS PAST PRESIDENT	2.00	X		X				0	0	0
( 76) DAVID MASSARIK MEMBER	.70	X						0	0	0
( 77) LOUIS MAYBERG MEMBER	.70	X						0	0	0
( 78) MANETTE MAYBERG MEMBER	.70	X						0	0	0
( 79) ALAN L. MELTZER MEMBER	.70	X						0	0	0
( 80) BENJAMIN MILAKOFSKY MEMBER	.70	X						0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 11

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 81) LYNN W. MORGAN MEMBER	.70	X						0	0	0
( 82) MARCIA I. NUSGART MEMBER	.70	X						0	0	0
( 83) RONALD A. PAUL, M.D. MEMBER	.70	X						0	0	0
( 84) CONSTANCE PESACHOWITZ MEMBER	.70	X						0	0	0
( 85) MICHAEL PLOSTOCK VP OF YOUNG LEADERSHIP	2.00	X		X				0	0	0
( 86) JAMIE POSLOSKY MEMBER	.70	X						0	0	0
( 87) KIM PRICE MEMBER	.70	X						0	0	0
( 88) ADAM J. RASKIN MEMBER	.70	X						0	0	0
( 89) STEVEN J. ROSENBAUM MEMBER	.70	X						0	0	0
( 90) MERYL B. ROSENBERG VP LEADERSHIP & VOLUNTEER DEVE	2.00	X		X				0	0	0
( 91) WENDY S. RUDOLPH VP COMMUNITY & GLOBAL IMPACT	2.00	X		X				0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 11**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 92) JEFFERY S. RUM MEMBER	.70	X						0	0	0
( 93) DEBORAH RATNER SALZBERG MEMBER	.70	X						0	0	0
( 94) RAANAN SHAMES MEMBER	.70	X						0	0	0
( 95) SUSAN N. SHANKMAN MEMBER	.70	X						0	0	0
( 96) JESSICA SHER MEMBER	.70	X						0	0	0
( 97) JANE E. SHICHMAN MEMBER	.70	X						0	0	0
( 98) BEN SHLESINGER MEMBER	.70	X						0	0	0
( 99) GREGORY SHRON MEMBER	.70	X						0	0	0
(100) MATTHEW H. SIMON MEMBER	.70	X						0	0	0
(101) MARC F. SOLOMON MEMBER	.70	X						0	0	0
(102) JONATHAN STAHL MEMBER	.70	X						0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 11**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) JOSHUA STEVENS MEMBER	.70	X						0	0	0
(104) BRADLEY STILLMAN MEMBER	.70	X						0	0	0
(105) STEVEN D. STONE MEMBER	.70	X						0	0	0
(106) MINDY STRELITZ MEMBER	.70	X						0	0	0
(107) SHIRA STUTMAN MEMBER	.70	X						0	0	0
(108) ILAN SUSSAN MEMBER	.70	X						0	0	0
(109) STUART TAUBER SECRETARY	2.00	X		X				0	0	0
(110) ARIELLE N. TEITELBAUM MEMBER	.70	X						0	0	0
(111) STEFAN F. TUCKER MEMBER	.70	X						0	0	0
(112) ORLEE TURITZ MEMBER	.70	X						0	0	0
(113) MARGO VOLFTSUN MEMBER	.70	X						0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 11

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) CARYN W. WECHSLER MEMBER	.70	X						0	0	0
(115) EDWARD R. WEISS MEMBER	.70	X						0	0	0
(116) ROBERT E. ZAHLER VP FINANCIAL RESOURCE DEVELOP	2.00	X		X				0	0	0
(117) CINDY ZITELMAN MEMBER	.70	X						0	0	0
(118) STEVEN A. RAKITT EXECUTIVE VICE PRESIDENT & CEO	55.00			X				449,182.	0	17,839.
(119) EILEEN FRAZIER CHIEF OPERATING OFFICER	55.00					X		234,845.	0	11,550.
(120) AVITAL INGBER CHIEF DEVELOPMENT OFFICER	55.00					X		212,218.	0	15,771.
(121) VICKIE MARX CHIEF OF STAFF	55.00					X		146,195.	0	9,643.
(122) STACYE N. ZEISLER CHIEF MARKETING OFFICER	55.00					X		141,939.	0	7,085.
(123) ISABELLA YUSIMOVA CHIEF FINANCIAL OFFICER	55.00					X		125,429.	0	15,292.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 11**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	76,588.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	417,631.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	375,454.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	29,590,365.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		2,788,677.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			30,460,038.				
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue . . . . .							
	<b>g Total.</b> Add lines 2a-2f . . . . .			0				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			2,257,671.		723,053.	1,534,618.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents . . . . .	(i) Real	1,715,532.					
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .		1,615,438.				
		<b>c</b> Rental income or (loss) . . . . .		100,094.				
	<b>d</b> Net rental income or (loss) . . . . .			100,094.		385,960.	-285,866.	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	46,032,034.					
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		43,808,388.				
		<b>c</b> Gain or (loss) . . . . .		2,223,646.				
	<b>d</b> Net gain or (loss) . . . . .			2,223,646.			2,223,646.	
	<b>8a</b> Gross income from fundraising events (not including \$ 417,632. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	216,828.					
		<b>b</b> Less: direct expenses . . . . .		510,037.				
<b>c</b> Net income or (loss) from fundraising events . . . . .				-293,209.			-293,209.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>							
	<b>b</b> Less: direct expenses . . . . .							
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .							
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b> OTHER MISCELLANEOUS INCOME	900099		676,239.			676,239.		
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			676,239.					
<b>12 Total revenue.</b> See instructions . . . . .			35,424,479.		1,109,013.	3,855,428.		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	24,437,602.	24,437,602.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	483,030.	125,588.	135,248.	222,194.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	4,996,034.	1,280,916.	1,398,219.	2,316,899.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	490,572.	88,025.	217,419.	185,128.
<b>9</b> Other employee benefits . . . . .	385,829.	115,444.	146,461.	123,924.
<b>10</b> Payroll taxes . . . . .	372,914.	112,131.	91,360.	169,423.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	16,624.		16,000.	624.
<b>c</b> Accounting . . . . .	95,181.		95,181.	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	50,623.			50,623.
<b>f</b> Investment management fees . . . . .	250,416.		250,416.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	1,315,064.	177,105.	541,967.	595,992.
<b>12</b> Advertising and promotion . . . . .	76,863.	28,229.	12,384.	36,250.
<b>13</b> Office expenses . . . . .	294,722.	69,600.	82,768.	142,354.
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	558,457.	64,920.	267,507.	226,030.
<b>17</b> Travel . . . . .	183,865.	106,833.	30,891.	46,141.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	159,552.	90,800.	23,750.	45,002.
<b>20</b> Interest . . . . .	316,652.	64,277.	194,519.	57,856.
<b>21</b> Payments to affiliates . . . . .	29,491.		29,491.	
<b>22</b> Depreciation, depletion, and amortization . . . . .	0			
<b>23</b> Insurance . . . . .	0			
<b>24</b> 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.)				
<b>a</b> MISSIONS . . . . .	135,627.	129,527.		6,100.
<b>b</b> MISCELLANEOUS EXPENSES . . . . .	569,741.	302,382.	108,551.	158,808.
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	35,218,859.	27,193,379.	3,642,132.	4,383,348.
<b>26 Joint costs.</b> 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) . . . . .	0			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	850.	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments	6,363,885.	<b>2</b>	7,824,520.
	<b>3</b> Pledges and grants receivable, net	6,546,023.	<b>3</b>	5,362,886.
	<b>4</b> Accounts receivable, net	1,683,995.	<b>4</b>	55,198.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	75,000.	<b>5</b>	75,000.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	192,744.	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 18,454,086.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,173,062.	18,707,327.	<b>10c</b> 16,281,024.
	<b>11</b> Investments - publicly traded securities	59,515,694.	<b>11</b>	73,415,206.
	<b>12</b> Investments - other securities. See Part IV, line 11	95,969,049.	<b>12</b>	102,958,619.
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	11,572,919.	<b>15</b>	10,152,867.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	200,627,486.	<b>16</b>	216,125,320.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	5,139,756.	<b>17</b>	4,528,658.
	<b>18</b> Grants payable	10,036,172.	<b>18</b>	9,761,259.
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	8,600,000.	<b>20</b>	8,600,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	4,800,000.	<b>23</b>	4,525,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	3,750,000.	<b>24</b>	3,660,700.
<b>25</b> 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	41,321,451.	<b>25</b>	43,625,117.	
<b>26 Total liabilities.</b> Add lines 17 through 25	73,647,379.	<b>26</b>	74,700,734.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	44,104,461.	<b>27</b>	48,193,720.
	<b>28</b> Temporarily restricted net assets	59,733,491.	<b>28</b>	69,060,854.
	<b>29</b> Permanently restricted net assets	23,142,155.	<b>29</b>	24,170,012.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	126,980,107.	<b>33</b>	141,424,586.
	<b>34</b> Total liabilities and net assets/fund balances	200,627,486.	<b>34</b>	216,125,320.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	35,424,479.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	35,218,859.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	205,620.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	126,980,107.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	14,106,561.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	132,298.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	141,424,586.

**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  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
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 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? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**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.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

▶ 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](http://www.irs.gov/form990).

Name of the organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.

Employer identification number 53-0212445

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

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

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

	Yes	No
11g(i)		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	27,758,571.	24,514,183.	33,419,344.	29,572,420.	30,460,038.	145,724,556.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3. . . . .	27,758,571.	24,514,183.	33,419,344.	29,572,420.	30,460,038.	145,724,556.
<b>5</b> 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). . . . .						9,965,139.
<b>6 Public support.</b> Subtract line 5 from line 4.						135,759,417.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .	27,758,571.	24,514,183.	33,419,344.	29,572,420.	30,460,038.	145,724,556.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,118,966.	644,475.	1,863,815.	2,216,530.	3,250,150.	9,093,936.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	170,950.	404,889.	445,432.	708,004.	900,131.	2,629,406.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	602,594.	786,505.	882,775.	793,236.	676,239.	3,741,349.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						161,189,247.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	553,958.
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	84.22%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	89.31%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2013.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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

# Schedule of Contributors

**2013**

▶ **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](http://www.irs.gov/form990).

<b>Name of the organization</b> THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	<b>Employer identification number</b> 53-0212445
---	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

<b>Name of organization</b> THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	<b>Employer identification number</b> 53-0212445
---	---

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,140,431.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 1,817,197.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	30 ROCKEFELLER PLAZA, FL #5600 ----- -----	\$ 5,662,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.

Employer identification number 53-0212445

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 contain numerical data for total number at end of year, aggregate contributions, aggregate grants, and aggregate value.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property... [X] Yes [ ] No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes... [X] Yes [ ] No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). [ ] Preservation of land for public use... [ ] Preservation of an historically important land area... [ ] Protection of natural habitat... [ ] Preservation of a certified historic structure... [ ] Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Line number, Description, Held at the End of the Tax Year. Rows 2a-2d contain numerical data for conservation easements.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations... [ ] Yes [ ] No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet...

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition...
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition...
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	123,222,161.	112,787,466.	112,087,803.	98,440,744.	89,425,441.
<b>b</b> Contributions . . . . .	14,783,350.	9,510,269.	11,612,437.	6,836,884.	7,159,494.
<b>c</b> Net investment earnings, gains, and losses . . . . .	18,577,756.	15,247,193.	-897,002.	17,675,843.	9,375,962.
<b>d</b> Grants or scholarships . . . . .	18,415,229.	14,322,767.	10,015,772.	10,865,668.	7,520,153.
<b>e</b> Other expenditures for facilities and programs . . . . .	743,267.				
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	137,424,771.	123,222,161.	112,787,466.	112,087,803.	98,440,744.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 33.8080 %
  - b** Permanent endowment ▶ 17.5880 %
  - c** Temporarily restricted endowment ▶ 48.6040 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations . . . . . | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		2,534,100.		2,534,100.
<b>b</b> Buildings . . . . .		13,750,079.	444,201.	13,305,878.
<b>c</b> Leasehold improvements . . . . .		10,275.	10,275.	
<b>d</b> Equipment . . . . .		1,612,647.	1,205,093.	407,554.
<b>e</b> Other . . . . .		546,985.	513,493.	33,492.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				16,281,024.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) CHARITABLE REMAINDER TRUST	138,793.	FMV
(B) ABSOLUTE RETURN	17,167,221.	FMV
(C) DIRECTIONAL HEDGE	25,175,628.	FMV
(D) REAL ASSETS	13,315,838.	FMV
(E) PRIVATE EQUITY	3,072,083.	FMV
(F) INTERNATIONAL EQUITY	13,946,064.	FMV
(G) FUND OF FUNDS - PRIVATE EQUITY	18,887,934.	FMV
(H) FIXED INCOME FUND - GLOBAL	11,255,058.	FMV
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	102,958,619.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) SPLIT INTEREST AGREEMENT	8,347,496.	
(3) DUE TO AGENCIES	34,963,164.	
(4) INTEREST RATE SWAP LIABILITY	314,457.	
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	43,625,117.	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	49,781,456.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b> 14,106,561.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	14,106,561.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	35,674,895.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> -250,416.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-250,416.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	35,424,479.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	35,477,835.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	35,477,835.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> -250,416.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -8,560.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-258,976.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	35,218,859.

**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.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

PART V, LINE 4:

THE ENDOWMENT FUND CATALYZES DIVERSE FUNDING SOURCES TO LEVERAGE OUR ABILITY TO MEET JEWISH NEEDS AND EFFECT CHANGE, AWARDS SEED MONEY TO NEW AND INNOVATIVE INITIATIVES FOR ENRICHING JEWISH LIFE AND FOR TIKKUN OLAM, FURNISHES FUNDS FOR UNANTICIPATED AND EMERGENCY NEEDS AND GENERATES PERMANENT FUNDS TO SUPPORT THE FEDERATION AGENCY FAMILY.

PART X, LINE 2

THE FEDERATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED. THE FEDERATION'S MANAGEMENT BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND; ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. FOR THE YEAR ENDED JUNE 30, 2014, THE FEDERATION DID NOT RECOGNIZE ANY INTEREST OR PENALTIES.

PART XII, LINE 4D

MISCELLANEOUS ADJUSTMENT            -8,560

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization THE JEWISH FEDERATION OF GREATER  
WASHINGTON, INC.

Employer identification number  
53-0212445

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 SEIGEL MARKETING GROUP	TELEPHONE CALLS		X	277,690.	50,623.	227,067.
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				277,690.	50,623.	227,067.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

DC, MD, VA,

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		JEWISH FOOD EXP (event type)	PJ LIBRARY (event type)	5. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	230,704.	237,446.	166,310.	634,460.
	<b>2</b> Less: Contributions . . . . .	171,854.	125,649.	120,129.	417,632.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	58,850.	111,797.	46,181.	216,828.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .			39,575.	39,575.
	<b>7</b> Food and beverages . . . . .	5,514.	1,337.	49,929.	56,780.
	<b>8</b> Entertainment . . . . .	1,500.	1,176.	12,050.	14,726.
	<b>9</b> Other direct expenses . . . . .	162,522.	158,720.	77,713.	398,955.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				510,036.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-293,208.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10 a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . .  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:
 

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART 1, LINE 1

ADDRESS OF SEIGEL MARKETING GROUP:

P.O. BOX 658598

CHICAGO, IL 60695

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization THE JEWISH FEDERATION OF GREATER  
WASHINGTON, INC.

Employer identification number  
53-0212445

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) A WIDER CIRCLE 4808 MOORLAND LN, STE 802 BETHESDA MD 20814	52-2345144	501(C)(3)	5,500.				GRT FR DAF AND ENDOW
(2) ADAS ISRAEL CONGREGATION 2850 QUEBEC ST NW WASHINGTON, DC 20008	53-0196563	501(C)(3)	94,287.				GRT FR DAF AND ENDOW
(3) AISH HATORAH 11418 OLD G'TOWN N. BETHESDA, MD 20852	94-3094990	501(C)(3)	31,185.				GRT FR DAF AND ENDOW
(4) ALEPH BET JEWISH DAY SCHOOL 1125 SPA RD ANNAPOLIS, MD 21403	52-1655743	501(C)(3)	52,043.				GRT FR DAF AND ENDOW
(5) ALEXANDER MUSS INSTITUTE 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	59-0173782	501(C)(3)	51,651.				GRT FR DAF AND ENDOW
(6) ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE CHICAGO, IL 60601	13-3039601	501(C)(3)	10,120.				GRT FR DAF AND ENDOW
(7) AMERICAN COMMITTEE FOR THE TEL AVIV FOUNDAT 1201 BROADWAY STE 802 NEW YORK, NY 10001	13-3145161	501(C)(3)	35,000.				GRT FR DAF AND ENDOW
(8) AMERICAN DIABETES ASSOCIATION 1701 N BEAUREGARD ST ALEXANDRIA, VA 22311	13-1623888	501(C)(3)	10,820.				GRT FR DAF AND ENDOW
(9) AMERICAN FRIENDS OF THE HESCHEL CENTER, INC 2419 JF KENNEDY BLVD JERSEY CITY, NJ 07304	20-2375178	501(C)(3)	20,000.				GRT FR DAF AND ENDOW
(10) AMERICAN FRIENDS OF THE ISRAEL MUSEUM 500 FIFTH AVE #2540 NEW YORK, NY 10110	23-7182582	501(C)(3)	64,404.				GRT FR DAF AND ENDOW
(11) AMERICAN FRIENDS OF THE ISRAEL UNION FOR EN 4182 BECK AVE STUDIO CITY, CA 91604	58-1959151	501(C)(3)	50,000.				GRT FR DAF AND ENDOW
(12) AMERICAN FRIENDS OF YAHAD-IN UNUM 25 W 45TH ST STE 1405 NEW YORK, NY 10036	26-3468570	501(C)(3)	50,000.				GRT FR DAF AND ENDOW

- 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 ▶ -----

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(1) AMERICAN ISRAEL EDUCATION FOUNDATION 251 H ST NW WASHINGTON, DC 20001	52-1623781	501 ( C ) ( 3 )	75,000.				GRT FR DAF AND ENDOW
(2) AMERICAN JEWISH COMMITTEE 1156 15TH ST NW #1201 WASHINGTON, DC 20005	13-5563393	501 ( C ) ( 3 )	11,986.				GRT FR DAF AND ENDOW
(3) AMERICAN JEWISH WORLD SERVICE, INC. 45 W. 36TH ST NEW YORK, NY 10018	22-2584370	501 ( C ) ( 3 )	53,650.				GRT FR DAF AND ENDOW
(4) AMERICAN NATIONAL RED CROSS 2025 E ST. WASHINGTON, DC 20006	53-0196605	501 ( C ) ( 3 )	5,200.				GRT FR DAF AND ENDOW
(5) AMERICAN TECHNION SOCIETY 55 E 59TH ST NEW YORK, NY 10022	13-0434195	501 ( C ) ( 3 )	10,100.				GRT FR DAF AND ENDOW
(6) AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW WASH., DC 20016	53-0196549	501 ( C ) ( 3 )	13,260.				GRT FR DAF AND ENDOW
(7) AU HILLEL - KAY SPIRITUAL LIFE 4400 MASS AVE NW WASHINGTON, DC 20016	52-6066696	501 ( C ) ( 3 )	16,800.				JEWISH EDUCATION SUP
(8) ATZUM INC. PO BOX 793 SKOKIE, IL 60076	01-0697869	501 ( C ) ( 3 )	12,000.				GRT FR DAF AND ENDOW
(9) AVODAH - THE JEWISH SERVICE CORPS 1816 12TH ST NW FLR 3 WASHINGTON, DC 20009	13-3914342	501 ( C ) ( 3 )	60,240.				GRT FR DAF AND ENDOW
(10) BETH SHOLOM CONGREGATION AND TALMUD TORAH 11825 SEVEN LOCKS RD POTOMAC, MD 20854	53-0196574	501 ( C ) ( 3 )	34,872.				GRT FR DAF AND ENDOW
(11) BIBLICAL ARCHAEOLOGY SOCIETY 4710 41ST ST NW WASHINGTON, DC 20016	23-7416300	501 ( C ) ( 3 )	50,000.				GRT FR DAF AND ENDOW
(12) BIRTHRIGHT ISRAEL NORTH AMERICA, INC. 33 E 33RD ST FLR 7 NEW YORK, NY 10016	13-3931912	501 ( C ) ( 3 )	50,200.				GRT FR DAF AND ENDOW

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(1) BLUE CARD 171 MADISON AVE NEW YORK, NY 10016	13-1623910	501 ( C ) (3)	50,000.				GRT FR DAF AND ENDOW
(2) B'NAI BRITH YOUTH ORGANIZATION 6125 MONTROSE RD ROCKVILLE, MD 20852	31-1794932	501 ( C ) (3)	12,749.				JEWISH EDUCATION SUP
(3) B'NAI B'RITH YOUTH ORGANIZATION (BBYO) 800 EIGHTH ST NW WASHINGTON, DC 20001	31-1794932	501 ( C ) (3)	6,961.				GRT FR DAF AND ENDOW
(4) BNAI ISRAEL CONGREGATION 6301 MONTROSE RD ROCKVILLE, MD 20852	53-0212444	501 ( C ) (3)	35,180.				GRT FR DAF AND ENDOW
(5) BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	01-0215213	501 ( C ) (3)	10,000.				GRT FR DAF AND ENDOW
(6) BRAIN AND BEHAVIOR RESEARCH FUND 90 PARK AVE FLR 16 NEW YORK, NY 10016	31-1020010	501 ( C ) (3)	29,000.				GRT FR DAF AND ENDOW
(7) BRAINFOOD 1525 NEWTON ST NW WASHINGTON, DC 20010	52-2135586	501 ( C ) (3)	15,000.				GRT FR DAF AND ENDOW
(8) BRANDEIS UNIVERSITY - COHEN CENTER FOR JDAT 415 SOUTH ST MS014 WALTHAM, MA 02454	04-2103552	501 ( C ) (3)	5,500.				JEWISH EDUCATION SUP
(9) BREAD FOR THE CITY 1525 7TH ST NW WASHINGTON, DC 20001	52-1138207	501 ( C ) (3)	28,500.				GRT FR DAF AND ENDOW
(10) BROWN UNIVERSITY 164 ANGELL ST BOX 1877 PROVIDENCE, RI 02912	05-0258809	501 ( C ) (3)	25,000.				GRT FR DAF AND ENDOW
(11) CAMP JUDAEA 1440 SPRING ST NW ATLANTA, GA 30309	58-6014651	501 ( C ) (3)	8,200.				GRT FR DAF AND ENDOW
(12) CAMP RAMAH IN NEW ENGLAND 2 COMMERCE WAY NORWOOD, MA 02062	04-3035964	501 ( C ) (3)	60,365.				GRT FR DAF AND ENDOW

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(1) CAMPAIGN FOR THE FAIR SENTENCING OF YOUTH 1319 F ST NW STE 303 WASHINGTON, DC 20004	27-3761788	501 ( C ) ( 3 )	10,000.				GRT FR DAF AND ENDOW
(2) CAPITAL CAMPS AND RETREAT CENTER 11300 ROCKV PIKE #407 ROCKVILLE, MD 20852	52-1515202	501 ( C ) ( 3 )	43,104.				GRT FR DAF AND ENDOW
(3) CAPITAL CAMPS AND RETREAT CENTER 11300 ROCKV PIKE #407 ROCKVILLE, MD 20852	52-1515202	501 ( C ) ( 3 )	116,535.				COMMUNAL SUPPORT
(4) CAPITAL CAMPS AND RETREAT CENTER 11300 ROCKV PIKE #407 ROCKVILLE, MD 20852	52-1515202	501 ( C ) ( 3 )	34,500.				COMMUNAL SUPPORT
(5) CENTER FOR CREATIVE CHANGE 3748 JENIFER ST NW WASHINGTON, DC 20015	31-1801544	501 ( C ) ( 3 )	35,800.				GRT FR DAF AND ENDOW
(6) CENTER FOR REPRODUCTIVE RIGHTS 120 WALL ST NEW YORK, NY 10005	13-3669731	501 ( C ) ( 3 )	15,000.				GRT FR DAF AND ENDOW
(7) CHABAD SHUL OF POTOMAC 11701 GAINSBOROUGH RD POTOMAC, MD 20854	57-1172339	501 ( C ) ( 3 )	54,100.				GRT FR DAF AND ENDOW
(8) CHAMAH 27 WILLIAM ST STE 613 NEW YORK, NY 10005	23-7365688	501 ( C ) ( 3 )	100,000.				GRT FR DAF AND ENDOW
(9) CHARLES E. SMITH JEWISH DAY SCHOOL 1901 E. JEFFERSON ST ROCKVILLE, MD 20852	52-0961920	501 ( C ) ( 3 )	502,452.				COMMUNAL SUPPORT
(10) CHARLES E. SMITH JEWISH DAY SCHOOL 1902 E. JEFFERSON ST ROCKVILLE, MD 20852	52-0961920	501 ( C ) ( 3 )	49,209.				GRT FR DAF AND ENDOW
(11) CHARLES E. SMITH LIFE COMMUNITIES 6121 MONTROSE RD ROCKVILLE, MD 20852	53-0196508	501 ( C ) ( 3 )	72,529.				GRT FR DAF AND ENDOW
(12) CHESAPEAKE BAY FOUNDATION 6 HERNDON AVE ANNAPOLIS, MD 21403	52-6065757	501 ( C ) ( 3 )	135,000.				GRT FR DAF AND ENDOW

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(1) COMMUNITY FOUNDATION FOR THE NATIONAL CAPIT 1201 15TH ST NW WASHINGTON, DC 20005	23-7343119	501 ( C ) ( 3 )	5,531.				GRT FR DAF AND ENDOW
(2) CONGREGATION OLAM TIKVAH 3800 GLENBROOK RD FAIRFAX, VA 22031	54-0760310	501 ( C ) ( 3 )	7,600.				JEWISH EDUCATION SUP
(3) CONGREGATION SHA'ARE SHALOM 19357 EVERGREEN MILLS RD LEESBURG, VA 20175	54-1866332	501 ( C ) ( 3 )	8,200.				JEWISH EDUCATION SUP
(4) CORNELL UNIVERSITY 377 PINE TREE RD ITHACA, NY 14850	15-0532082	501 ( C ) ( 3 )	30,000.				GRT FR DAF AND ENDOW
(5) DC CENTRAL KITCHEN 425 SECOND ST. NW WASHINGTON, DC 20001	52-1584936	501 ( C ) ( 3 )	25,511.				GRT FR DAF AND ENDOW
(6) DC SCORES 1224 M ST NW STE 200 WASHINGTON, DC 20005	52-2230721	501 ( C ) ( 3 )	12,500.				GRT FR DAF AND ENDOW
(7) DISTRICT OF COLUMBIA JEWISH COMMUNITY CENTE 1529 16TH ST NW WASHINGTON, DC 20036	52-1398151	501 ( C ) ( 3 )	195,830.				GRT FR DAF AND ENDOW
(8) EDUCATION FUND TO STOP GUN VIOLENCE 1424 L ST NW STE. 2-1 WASHINGTON, DC 20005	52-1114375	501 ( C ) ( 3 )	10,000.				GRT FR DAF AND ENDOW
(9) EMPOWERED WOMEN INTERNATIONAL 320 S. HENRY ST ALEXANDRIA, VA 22314	32-0066071	501 ( C ) ( 3 )	12,500.				GRT FR DAF AND ENDOW
(10) ENVIRONMENTAL DEFENSE FUND 257 PARK AVE SOUTH NEW YORK, NY 10010	11-6107128	501 ( C ) ( 3 )	10,020.				GRT FR DAF AND ENDOW
(11) FAIR CHANCE 2001 S ST NW STE 310 WASHINGTON, DC 20009	74-3091832	501 ( C ) ( 3 )	25,000.				GRT FR DAF AND ENDOW
(12) FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277	11-0303001	501 ( C ) ( 3 )	6,000,000.				GRT FR DAF AND ENDOW

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FIELD SCHOOL 2301 FOXHALL RD NW WASHINGTON, DC 20007	52-0960218	501 ( C ) (3)	6,500.				GRT FR DAF AND ENDOW
(2) FJC 520 EIGHTH AVE FLR 20 NEW YORK, NY 10018	13-3848582	501 ( C ) (3)	50,000.				GRT FR DAF AND ENDOW
(3) FOOD RESEARCH ACTION CENTER 1200 18TH ST NW STE 400 WASH., DC 20036	23-7200739	501 ( C ) (3)	15,000.				GRT FR DAF AND ENDOW
(4) FOUNDATION FOR THE NATIONAL ARCHIVES 700 PENNSYLVANIA AVE NW G12 WASH., DC 20408	52-1792608	501 ( C ) (3)	25,000.				GRT FR DAF AND ENDOW
(5) FRIENDS OF THE ISRAEL DEFENSE FORCES 1430 BROADWAY RM 1301 NEW YORK, NY 10018	13-3156445	501 ( C ) (3)	10,300.				GRT FR DAF AND ENDOW
(6) FRIENDSHIP CIRCLE INC 11621 SEVEN LOCKS RD POTOMAC, MD 20854	26-0817688	501 ( C ) (3)	6,000.				GRT FR DAF AND ENDOW
(7) GEORGE MASON UNIVERSITY - HILLEL 4400 UNIVERSITY DR FAIRFAX, VA 22030	52-2232458	501 ( C ) (3)	16,800.				JEWISH EDUCATION SUP
(8) GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PL 155 ASHBURN, VA 20147	53-0196584	501 ( C ) (3)	35,000.				GRT FR DAF AND ENDOW
(9) GEORGE WASHINGTON UNIVERSITY - HILLEL - GEW 2300 H ST NW WASHINGTON, DC 20037	52-0749507	501 ( C ) (3)	36,650.				JEWISH EDUCATION SUP
(10) GEORGETOWN DAY SCHOOL 4530 MACCARTHRU BLVD NW WASH., DC 20007	53-0204701	501 ( C ) (3)	10,000.				GRT FR DAF AND ENDOW
(11) GESHER JEWISH DAY SCHOOL 4700 SHIRLEY GATE RD FAIRFAX, VA 22030	54-1201968	501 ( C ) (3)	88,185.				COMMUNAL SUPPORT
(12) GLOBAL JEWISH ASSISTANCE AND RELIEF NETWORK 511 AVE OF THE AMERICAS #18 NY, NY 10011	11-3095240	501 ( C ) (3)	5,400.				GRT FR DAF AND ENDOW

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

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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Name of the organization THE JEWISH FEDERATION OF GREATER  
WASHINGTON, INC.

Employer identification number  
53-0212445

**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.

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(1) GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BLVD MIAMI, FL 33137	59-0624404	501 ( C ) ( 3 )	31,000.				GRT FR DAF AND ENDOW
(2) GREATER WASHINGTON JEWISH COALITION AGAINST PO BOX 2266 ROCKVILLE, MD 20847	52-2259318	501 ( C ) ( 3 )	37,970.				GRT FR DAF AND ENDOW
(3) HABONIM DROR FOUNDATION INC. 424 W. 33RD ST STE 150 NEW YORK, NY 10001	11-3301957	501 ( C ) ( 3 )	10,500.				GRT FR DAF AND ENDOW
(4) HADASSAH THE WOMEN ZIONIST ORGANIZATION OF 50 W 58TH ST NEW YORK, NY 10019	13-1656651	501 ( C ) ( 3 )	26,904.				GRT FR DAF AND ENDOW
(5) HAMOVIT FAMILY PHILANTHROPIC FUND OF GULF C 601 TAMiami TRAIL SOUTH VENICE, FL 34285	59-1052433	501 ( C ) ( 3 )	7,918.				GRT FR DAF AND ENDOW
(6) HAZON 125 MAIDEN LN STE 8B NEW YORK, NY 10038	13-4087102	501 ( C ) ( 3 )	35,000.				GRT FR DAF AND ENDOW
(7) HEBREW IMMIGRANT AID SOCIETY (HIAS) 333 SEVENTH AVE NEW YORK, NY 10001	13-5633307	501 ( C ) ( 3 )	32,809.				GRT FR DAF AND ENDOW
(8) HILLEL:THE FOUNDATION FOR JEWISH CAMPUS LIF 2300 H ST NW WASHINGTON, DC 20037	52-6081729	501 ( C ) ( 3 )	83,288.				GRT FR DAF AND ENDOW
(9) HISTORICAL SOCIETY OF WASHINGTON DC 801 K ST NW WASHINGTON, DC 20001	53-0238800	501 ( C ) ( 3 )	35,000.				GRT FR DAF AND ENDOW
(10) HOPE FOR HENRY FOUNDATION 2300 WISC AVE NW STE 100A WASH., DC 20007	20-0244173	501 ( C ) ( 3 )	20,550.				GRT FR DAF AND ENDOW
(11) HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVE NW WASH., DC 20036	52-1481896	501 ( C ) ( 3 )	160,000.				GRT FR DAF AND ENDOW
(12) INSTITUTE FOR DAYANIM 21751 W 11 MILE RD SOUTHFIELD, MI 48076	20-0899773	501 ( C ) ( 3 )	8,100.				GRT FR DAF AND ENDOW

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(1) ISRAEL EMERGENCY ALLIANCE/STAND WITH US 6505 WILSHIRE BLVD LOS ANGELES, CA 90048	01-0566033	501 ( C ) ( 3 )	35,000.				GRT FR DAF AND ENDOW
(2) ISRAEL ON CAMPUS COALITION 800 8TH ST NW WASHINGTON, DC 20001	30-0664947	501 ( C ) ( 3 )	50,000.				GRT FR DAF AND ENDOW
(3) ISRAEL VENTURE NETWORK 540 COWPER ST #200 PALO ALTO, CA 94301	14-1891915	501 ( C ) ( 3 )	21,500.				GRT FR DAF AND ENDOW
(4) JCRC OF GREATER WASHINGTON 6101 EXECUTIVE BLVD N BETHESDA, MD 20852	52-0214465	501 ( C ) ( 3 )	86,680.				GRT FR DAF AND ENDOW
(5) JEWISH ASSOCIATION FOR RESIDENTIAL CARE, IN 21160 95TH AVE SOUTH BOCA RATON, FL 33428	65-1131701	501 ( C ) ( 3 )	16,800.				GRT FR DAF AND ENDOW
(6) JEWISH COALITION AGAINST DOMESTIC ABUSE (JC 133 ROLLINS AVE STE 3 ROCKVILLE, MD 20852	52-2259318	501 ( C ) ( 3 )	49,021.				COMMUNAL SUPPORT
(7) JEWISH COMMUNITY CENTER OF GREATER WASHINGT 6125 MONTROSE RD ROCKVILLE, MD 20852	53-0205921	501 ( C ) ( 3 )	762,120.				COMMUNAL SUPPORT
(8) JEWISH COMMUNITY CENTER OF GREATER WASHINGT 6125 MONTROSE RD ROCKVILLE, MD 20852	53-0205921	501 ( C ) ( 3 )	112,004.				GRT FR DAF AND ENDOW
(9) JEWISH COMMUNITY CENTER OF NORTHERN VIRGINI 8900 LITTLE RIVER TPK FAIRFAX, VA 22031	54-1145849	501 ( C ) ( 3 )	85,925.				GRT FR DAF AND ENDOW
(10) JEWISH COMMUNITY CENTER OF NORTHERN VIRGINI 8901 LITTLE RIVER TPK FAIRFAX, VA 22031	54-1145849	501 ( C ) ( 3 )	344,573.				COMMUNAL SUPPORT
(11) JEWISH COMMUNITY RELATIONS COUNCIL (JCRC) --- 6101 EXECUTIVE BLVD ROCKVILLE, MD 20852	52-0214465	501 ( C ) ( 3 )	587,405.				COMMUNAL SUPPORT
(12) JEWISH COUNCIL FOR THE AGING 11820 PARKLAWN DR #200 ROCKVILLE, MD 20852	52-0983740	501 ( C ) ( 3 )	290,659.				COMMUNAL SUPPORT

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OMB No. 1545-0047

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(1) JEWISH COUNCIL FOR THE AGING OF GREATER WAS 12320 PARKLAWN DR ROCKVILLE, MD 20852	52-0983740	501 ( C ) ( 3 )	53,916.				GRT FR DAF AND ENDOW
(2) JEWISH FAMILY & COMMUNITY SERVICES OF SOUTH 5025 CASTELLO DR STE 101 NAPLES, FL 34103	45-3980909	501 ( C ) ( 3 )	11,000.				GRT FR DAF AND ENDOW
(3) JEWISH FEDERATION OF GREATER METROWEST NJ 901 ROUTE 10 WHIPPANY, NJ 07981	22-1487222	501 ( C ) ( 3 )	5,350.				GRT FR DAF AND ENDOW
(4) JEWISH FEDERATION OF NORTH AMERICA (JFNA) 24 BROADWAY #1700 NEW YORK, NY 10004	13-1624240	501 ( C ) ( 3 )	3,767,600.				COMMUNAL SUPPORT
(5) JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY #1700 NEW YORK, NY 10004	13-1624240	501 ( C ) ( 3 )	1,327,600.				GRT FR DAF AND ENDOW
(6) JEWISH FOUNDATION FOR GROUP HOMES 1500 E JEFFERSON ST ROCKVILLE, MD 20852	52-1263608	501 ( C ) ( 3 )	89,135.				GRT FR DAF AND ENDOW
(7) JEWISH FOUNDATION FOR GROUP HOMES (JFGH) 1501 E JEFFERSON ST ROCKVILLE, MD 20852	52-1263608	501 ( C ) ( 3 )	183,423.				COMMUNAL SUPPORT
(8) JEWISH HISTORICAL SOCIETY OF GREATER WASHIN 701 4TH ST NW STE 200 WASHINGTON, DC 20001	52-6064549	501 ( C ) ( 3 )	17,622.				COMMUNAL SUPPORT
(9) JEWISH HISTORICAL SOCIETY OF GREATER WASHIN 702 4TH ST NW STE 200 WASHINGTON, DC 20001	52-6064549	501 ( C ) ( 3 )	16,121.				GRT FR DAF AND ENDOW
(10) JEWISH INST. FOR NATL SECURITY AFFAIRS 1307 NEW YORK AVE NW #200 WASH., DC 20005	52-1233683	501 ( C ) ( 3 )	15,000.				GRT FR DAF AND ENDOW
(11) JEWISH PHILANTHROPIC FUND OF 1933, INC. 15 W 16TH ST FLR 4 NEW YORK, NY 10011	13-6120002	501 ( C ) ( 3 )	50,000.				GRT FR DAF AND ENDOW
(12) JEWISH PRIMARY DAY SCHOOL OF THE NATION'S C 6045 16TH ST NW WASHINGTON, DC 20011	52-2115715	501 ( C ) ( 3 )	157,139.				COMMUNAL SUPPORT

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(1) JEWISH ROCKVILLE OUTREACH CONGREGATION 11304 OLD GEORGETOWN RD ROCKVILLE, MD 20852	20-4960168	501 ( C ) ( 3 )	8,000.				GRT FR DAF AND ENDOW
(2) JEWISH SOCIAL SERVICE AGENCY 6123 MONTROSE RD ROCKVILLE, MD 20852	53-0196598	501 ( C ) ( 3 )	184,340.				GRT FR DAF AND ENDOW
(3) JEWISH SOCIAL SERVICE AGENCY (JSSA) 6123 MONTROSE RD ROCKVILLE, MD 20852	53-0196598	501 ( C ) ( 3 )	1,361,670.				COMMUNAL SUPPORT
(4) JEWISH TELEGRAPHIC AGENCY 24 W 30TH ST FLR 4 NEW YORK, NY 10001	13-0887610	501 ( C ) ( 3 )	15,930.				GRT FR DAF AND ENDOW
(5) JEWISH THEOLOGICAL SEMINARY 3080 BROADWAY NEW YORK, NY 10027	13-0887640	501 ( C ) ( 3 )	5,383.				GRT FR DAF AND ENDOW
(6) JEWISH WOMEN INTERNATIONAL 1129 20TH ST NW #801 WASHINGTON, DC 20036	52-6040461	501 ( C ) ( 3 )	8,075.				GRT FR DAF AND ENDOW
(7) JEWISH WOMEN'S RENAISSANCE PROJECT 6101 EXEC. BLVD #390 ROCKVILLE, MD 20852	38-3852989	501 ( C ) ( 3 )	20,000.				GRT FR DAF AND ENDOW
(8) JEWS UNITED FOR JUSTICE, INC. 1633 CONN. AVE NW 3RD FL WASH., DC 20009	52-2346578	501 ( C ) ( 3 )	11,000.				GRT FR DAF AND ENDOW
(9) JOHNS HOPKINS UNIVERSITY 100 N. CHARLES ST. #316 BALTIMORE, MD 21201	52-0595110	501 ( C ) ( 3 )	21,500.				GRT FR DAF AND ENDOW
(10) JUVENILE DIABETES RESEARCH FOUNDATION 1400 K ST NW STE 725 WASHINGTON, DC 20005	23-7284171	501 ( C ) ( 3 )	12,441.				GRT FR DAF AND ENDOW
(11) KBY CONGREGATIONS TOGETHER INC. PO BOX 23170 BROOKLYN, NY 11202	57-1199898	501 ( C ) ( 3 )	25,000.				GRT FR DAF AND ENDOW
(12) KENYON COLLEGE 209 CHASE AVE GAMBIER, OH 43022	31-4379507	501 ( C ) ( 3 )	32,000.				GRT FR DAF AND ENDOW

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(1) KESHER ISRAEL CONGREGATION 2801 N ST NW WASHINGTON, DC 20007	52-1316406	501 ( C ) (3)	6,500.				GRT FR DAF AND ENDOW
(2) KESHET 284 AMORY ST JAMAICA PLAIN, MA 02130	48-1278664	501 ( C ) (3)	47,250.				GRT FR DAF AND ENDOW
(3) LANDER GRINSPOON ACADEMY 257 PROSPECT ST NORTHAMPTON, MA 01060	04-3304825	501 ( C ) (3)	9,000.				GRT FR DAF AND ENDOW
(4) LEARNING FOUNDATION OF METROPOLITAN WASHING 1321 LESLIE AVE ALEXANDRIA, VA 22301	54-1745920	501 ( C ) (3)	15,000.				GRT FR DAF AND ENDOW
(5) MELVIN J. BERMAN HEBREW ACADEMY 13300 ARCTIC AVE ROCKVILLE, MD 20853	53-0208371	501 ( C ) (3)	328,162.				COMMUNAL SUPPORT
(6) MELVIN J. BERMAN HEBREW ACADEMY 13300 ARTIC AVE ROCKVILLE, MD 20853	53-0208371	501 ( C ) (3)	61,373.				GRT FR DAF AND ENDOW
(7) MID-ATLANTIC INNOCENCE PROJECT 2000 H ST NW WASHINGTON, DC 20052	54-1993334	501 ( C ) (3)	10,000.				GRT FR DAF AND ENDOW
(8) MIDDLE EAST MEDIA AND RESEARCH INSTITUTE (M 1819 L ST NW WASHINGTON, DC 20036	52-2068483	501 ( C ) (3)	50,000.				GRT FR DAF AND ENDOW
(9) MIRIAM'S KITCHEN 2401 VIRGINIA AVE NW WASHINGTON, DC 20037	52-1331552	501 ( C ) (3)	15,600.				GRT FR DAF AND ENDOW
(10) MOISHE HOUSE 2121 COMMONWEALTH AVE #210 CHARL., NC 28205	26-2599786	501 ( C ) (3)	15,000.				GRT FR DAF AND ENDOW
(11) MOVING FORWARD: CONTEMPORARY ASIAN AMERICAN 2745 ARIZONA AVE NW WASHINGTON, DC 20016	52-2021448	501 ( C ) (3)	12,500.				GRT FR DAF AND ENDOW
(12) NATL JEWISH MED. AND RES. CENTER 901 N WASH. ST #510 ALEX., VA 22314	74-2044647	501 ( C ) (3)	6,000.				GRT FR DAF AND ENDOW

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(1) NATIONAL JEWISH OUTREACH PROGRAM 989 SIXTH AVE FLR 10 NEW YORK, NY 10138	13-2881809	501 ( C ) ( 3 )	5,500.				GRT FR DAF AND ENDOW
(2) NATIONAL LIBERTY MUSEUM 321 CHESTNUT ST PHILADELPHIA, PA 19106	23-2788633	501 ( C ) ( 3 )	21,545.				GRT FR DAF AND ENDOW
(3) NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE FLR 3 NEW YORK, NY 10017	53-0237585	501 ( C ) ( 3 )	10,020.				GRT FR DAF AND ENDOW
(4) NATIONAL PHILHARMONIC 5301 TUCKERMAN LN NORTH BETHESDA, MD 20852	52-1361650	501 ( C ) ( 3 )	8,500.				GRT FR DAF AND ENDOW
(5) NATIONAL SYMPHONY ORCHESTRA ASSOCIATION OF 2700 F ST NW WASHINGTON, DC 20566	53-0208364	501 ( C ) ( 3 )	18,511.				GRT FR DAF AND ENDOW
(6) NCSY SUMMER PROGRAMS 11 BROADWAY FLR 14 NEW YORK, NY 10004	13-5623717	501 ( C ) ( 3 )	16,500.				GRT FR DAF AND ENDOW
(7) NEHIRIM 125 MAIDEN LN STE 8B NEW YORK, NY 10038	26-4589025	501 ( C ) ( 3 )	5,500.				GRT FR DAF AND ENDOW
(8) NEW ISRAEL FUND 1001 14TH ST NW FLR 6 WASHINGTON, DC 20005	94-2607722	501 ( C ) ( 3 )	144,000.				GRT FR DAF AND ENDOW
(9) NFTY 46 BOWEN RD WARWICK, NY 10990	13-1663143	501 ( C ) ( 3 )	10,500.				GRT FR DAF AND ENDOW
(10) NORTH AMERICAN FOUNDATION FOR THE UNIVERSIT 16 MULBERRY CIR AYER, MA 01432	31-1598015	501 ( C ) ( 3 )	15,180.				GRT FR DAF AND ENDOW
(11) N.A FRIENDS OF ISRAEL OCEANOGRAPHIC 778 W FRONTAGE RD #119 N FIELD, IL 60093	22-2757351	501 ( C ) ( 3 )	60,000.				GRT FR DAF AND ENDOW
(12) OHR KODESH CONGREGATION 8300 MEADOWBROOK LN CHEVY CHASE, MD 20815	52-0613672	501 ( C ) ( 3 )	15,360.				GRT FR DAF AND ENDOW

- 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.

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization THE JEWISH FEDERATION OF GREATER  
WASHINGTON, INC.

Employer identification number  
53-0212445

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OPERATION EMBRACE FOUNDATION, INC. 350C FORTUNE TER PMB #209 POTOMAC, MD 20854	04-3652179	501 ( C ) ( 3 )	12,842.				GRT FR DAF AND ENDOW
(2) ORGANIZATION FOR THE RESOLUTION OF AGUNOT 551 W 181ST ST STE 123 NEW YORK, NY 10033	81-0582070	501 ( C ) ( 3 )	10,250.				GRT FR DAF AND ENDOW
(3) ORT AMERICA, INC 75 MAIDEN LN FLR 10 NEW YORK, NY 10038	13-5562969	501 ( C ) ( 3 )	50,417.				GRT FR DAF AND ENDOW
(4) P.E.F. ISRAEL ENDOWMENT FUNDS INC. 630 THIRD AVE FLR 15 NEW YORK, NY 10017	13-6104086	501 ( C ) ( 3 )	252,896.				GRT FR DAF AND ENDOW
(5) PALM BEACH ORTHODOX SYNAGOGUE, INC. 120 N COUNTY RD PALM BEACH, FL 33480	65-0478910	501 ( C ) ( 3 )	20,000.				GRT FR DAF AND ENDOW
(6) PENN HILLEL 215 S 39TH ST PHILADELPHIA, PA 19104	23-1365179	501 ( C ) ( 3 )	6,000.				GRT FR DAF AND ENDOW
(7) PLANNED PARENTHOOD ASSOCIATION OF METROPOLI 1108 16TH ST NW WASHINGTON, DC 20036	53-0204621	501 ( C ) ( 3 )	31,250.				GRT FR DAF AND ENDOW
(8) PRO MUSICA HEBRAICA 1225 19TH ST NW #620 WASHINGTON, DC 20036	20-0201189	501 ( C ) ( 3 )	100,000.				GRT FR DAF AND ENDOW
(9) ROUND HOUSE THEATRE, INC. 4545 EAST WEST HWY BETHESDA, MD 20814	52-1289737	501 ( C ) ( 3 )	34,543.				GRT FR DAF AND ENDOW
(10) SCHWAB FUND FOR CHARITABLE GIVING 211 MAIN ST SAN FRANCISCO, CA 94105	31-1640316	501 ( C ) ( 3 )	16,519.				GRT FR DAF AND ENDOW
(11) SETON HALL UNIVERSITY 400 S ORANGE AVE SOUTH ORANGE, NJ 07079	22-1500645	501 ( C ) ( 3 )	18,000.				GRT FR DAF AND ENDOW
(12) SHARE OUR STRENGTH 1030 15TH ST NW #1100W WASHINGTON, DC 20005	52-1367538	501 ( C ) ( 3 )	10,000.				GRT FR DAF AND ENDOW

- 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 ▶

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Schedule I (Form 990) (2013)

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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**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.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SIBLEY MEMORIAL HOSPITAL FOUNDATION 5255 LOUGHBORO RD WASHINGTON, DC 20016	45-0562642	501 ( C ) ( 3 )	10,000.				GRT FR DAF AND ENDOW
(2) SIDWELL FRIENDS SCHOOL 3825 WISCONSIN AVE NW WASHINGTON, DC 20016	53-0196519	501 ( C ) ( 3 )	11,000.				GRT FR DAF AND ENDOW
(3) SIXTH AND I SYNAGOGUE, INC. 600 I ST NW WASHINGTON, DC 20001	33-1036146	501 ( C ) ( 3 )	36,860.				GRT FR DAF AND ENDOW
(4) SO WHAT ELSE 1 PRESERVE PKWY #150 ROCKV., MD 20852	27-1219231	501 ( C ) ( 3 )	15,750.				GRT FR DAF AND ENDOW
(5) SULAM, INC. 13300 ARCTIC AVE ROCKVILLE, MD 20853	52-2105076	501 ( C ) ( 3 )	9,100.				GRT FR DAF AND ENDOW
(6) SUNFLOWER BAKERY 8507 ZIGGY LN GAITHERSBURG, MD 20877	26-2797556	501 ( C ) ( 3 )	6,750.				GRT FR DAF AND ENDOW
(7) TAHIRIH JUSTICE CENTER 6402 ARL. BLVD #300 FALLS CHURCH, VA 22042	54-1858176	501 ( C ) ( 3 )	15,000.				GRT FR DAF AND ENDOW
(8) TEMPLE B'NAI ABRAHAM 300 E NORTHFIELD RD LIVINGSTON, NJ 07039	22-1515224	501 ( C ) ( 3 )	31,000.				GRT FR DAF AND ENDOW
(9) TEMPLE SINAI 3100 MILITARY RD WASHINGTON, DC 20015	53-0231513	501 ( C ) ( 3 )	9,500.				JEWISH EDUCATION SUP
(10) THE DAVID PROJECT PO BOX 52390 BOSTON, MA 02205	16-1616489	501 ( C ) ( 3 )	50,000.				GRT FR DAF AND ENDOW
(11) THE ELLINGTON FUND 3500 R ST NW WASHINGTON, DC 20007	52-1152273	501 ( C ) ( 3 )	5,500.				GRT FR DAF AND ENDOW
(12) THE GOOD PEOPLE FUND 384 WYOMING AVE MILLBURN, NJ 07041	26-1887249	501 ( C ) ( 3 )	6,000.				GRT FR DAF AND ENDOW

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Internal Revenue Service

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Name of the organization THE JEWISH FEDERATION OF GREATER  
WASHINGTON, INC.

Employer identification number  
53-0212445

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE INT'L DOCUMENTARY ASSOC 3470 WILSHIRE BLVD #980 L.A., CA 90010	95-3911227	501(C)(3)	10,000.				GRT FR DAF AND ENDOW
(2) THE ISRAEL PROJECT 1901 PA AVE NW STE 600 WASHINGTON, DC 20006	37-1472882	501(C)(3)	159,100.				GRT FR DAF AND ENDOW
(3) THE JOHN F. KENNEDY CENTER FOR THE PERFORMI 2700 F ST NW WASHINGTON, DC 20566	53-0245017	501(C)(3)	25,611.				GRT FR DAF AND ENDOW
(4) THE NATURE CONSERVANCY 4245 N FAIRFAX DR #100 ARLINGTON, VA 22203	90-0248331	501(C)(3)	11,020.				GRT FR DAF AND ENDOW
(5) THE RESOURCE FOUNDATION 237 W 35TH ST STE 1203 NEW YORK, NY 10001	13-3421446	501(C)(3)	47,000.				GRT FR DAF AND ENDOW
(6) THE SHAKESPEARE THEATRE 516 8TH ST SE WASHINGTON, DC 20004	52-1405988	501(C)(3)	60,000.				GRT FR DAF AND ENDOW
(7) THE SHALOM HARTMAN INSTITUTE OF NORTH AMERI 1 PENN PLAZA #1606 NEW YORK, NY 10119	13-3014387	501(C)(3)	25,000.				GRT FR DAF AND ENDOW
(8) TORAH SCHOOL OF GREATER WASHINGTON 2010 LINDEN LN SILVER SPRING, MD 20910	52-1874788	501(C)(3)	150,361.				COMMUNAL SUPPORT
(9) TORAH SCHOOL OF GREATER WASHINGTON 2010 LINDEN LN SILVER SPRING, MD 20910	52-1874788	501(C)(3)	8,600.				GRT FR DAF AND ENDOW
(10) TRUSTEES OF THE UNIV OF PENN 3451 WALNUT ST RM 433 PHIL., PA 19104	23-1352685	501(C)(3)	120,732.				GRT FR DAF AND ENDOW
(11) UNION OF ORTHODOX JEWISH CONGREGATIONS OF A 11 BROADWAY FLR 14 NEW YORK, NY 10004	13-5623717	501(C)(3)	7,200.				GRT FR DAF AND ENDOW
(12) US HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PL SW WASH., DC 20024	52-1309391	501(C)(3)	11,460.				GRT FR DAF AND ENDOW

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

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Schedule I (Form 990) (2013)

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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Name of the organization THE JEWISH FEDERATION OF GREATER  
WASHINGTON, INC.

Employer identification number  
53-0212445

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNITED SYNAGOGUE YOUTH 820 2ND AVE FLR 10 NEW YORK, NY 10017	13-1659707	501( C )(3)	5,250.				GRT FR DAF AND ENDOW
(2) UNIVERSITY OF MARYLAND - HILLEL FOUNDATION 7612 MOWATT LN COLLEGE PARK, MD 20740	52-0749507	501( C )(3)	36,655.				JEWISH EDUCATION SUP
(3) UNIVERSITY OF MARYLAND HILLEL 7612 MOWATT LN COLLEGE PARK, MD 20740	52-0749507	501( C )(3)	85,911.				GRT FR DAF AND ENDOW
(4) UVA - HILLEL JEWISH CENTER 1824 UNIV CIR CHARLOTTESVILLE, VA 22903	54-6061871	501( C )(3)	16,800.				JEWISH EDUCATION SUP
(5) VIRGINIA TECH - HILLEL P.O. BOX 708 BLACKSBURG, VA 24063	90-0406012	501( C )(3)	16,800.				JEWISH EDUCATION SUP
(6) WAMU 4400 MASS. AVE NW WASHINGTON, DC 21297	53-0196549	501( C )(3)	11,070.				GRT FR DAF AND ENDOW
(7) WASHINGTON D.C. JEWISH COMMUNITY CENTER (DC 1529 16TH ST NW WASHINGTON, DC 20036	52-1398151	501( C )(3)	389,489.				COMMUNAL SUPPORT
(8) WASHINGTON HEBREW CONGREGATION 3935 MACOMB ST NW WASHINGTON, DC 20016	53-0196646	501( C )(3)	33,022.				GRT FR DAF AND ENDOW
(9) WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1828 L ST NW STE 1050 WASHINGTON, DC 20036	52-1376034	501( C )(3)	110,000.				GRT FR DAF AND ENDOW
(10) WASHINGTON PERFORMING ARTS SOCIETY 2000 L ST NW STE 510 WASHINGTON, DC 20036	52-6062439	501( C )(3)	5,207.				GRT FR DAF AND ENDOW
(11) WASH. REGIONAL ASSOC OF GRANTMAKERS 1400 16TH ST NW #740 WASH., DC 20036	52-1756853	501( C )(3)	30,000.				GRT FR DAF AND ENDOW
(12) WESLEYAN UNIVERSITY 212 COLLEGE ST MIDDLETOWN, CT 06459	06-0646959	501( C )(3)	15,350.				GRT FR DAF AND ENDOW

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

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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Name of the organization THE JEWISH FEDERATION OF GREATER  
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Employer identification number  
53-0212445

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WETA 3939 CAMPBELL AVE ARLINGTON, VA 22206	53-0242992	501 ( C ) ( 3 )	18,141.				GRT FR DAF AND ENDOW
(2) WOMEN FOR WOMEN INTERNATIONAL 2000 M ST NW STE 200 WASHINGTON, DC 20036	52-1838756	501 ( C ) ( 3 )	10,000.				GRT FR DAF AND ENDOW
(3) WOMEN'S LAW CENTER OF MARYLAND, INC. 305 W CHESAPEAKE AVE TOWSON, MD 21204	52-1238912	501 ( C ) ( 3 )	70,000.				GRT FR DAF AND ENDOW
(4) YACHAD-THE JEWISH COMMUN. HOUSING DEV. CO 1666 CONN. AVE NW #500 WASHINGTON, DC 20009	52-1698588	501 ( C ) ( 3 )	10,370.				GRT FR DAF AND ENDOW
(5) YALE UNIVERSITY 157 CHURCH ST NEW HAVEN, CT 06510	06-0646973	501 ( C ) ( 3 )	10,000.				GRT FR DAF AND ENDOW
(6) YESHIVA OF GREATER WASHINGTON 2010 LINDEN LN SILVER SPRING, MD 20910	52-1106842	501 ( C ) ( 3 )	89,367.				COMMUNAL SUPPORT
(7) YESHIVA OF GREATER WASHINGTON 2010 LINDEN LN SILVER SPRING, MD 20910	52-1106842	501 ( C ) ( 3 )	49,050.				GRT FR DAF AND ENDOW
(8) YOUNG ISRAEL EZRAS ISRAEL OF POTOMAC 11618 SEVEN LOCKS RD POTOMAC, MD 20854	52-1859398	501 ( C ) ( 3 )	11,000.				GRT FR DAF AND ENDOW
(9) YOUNG JUDAEA, INC. 575 8TH AVE FLR 11 NEW YORK, NY 10018	13-5654375	501 ( C ) ( 3 )	12,000.				GRT FR DAF AND ENDOW
(10) YOUTH LEADERSHIP FOUNDATION 5034 WISC. AVE NW #250 WASH., DC 20016	52-2016259	501 ( C ) ( 3 )	35,000.				GRT FR DAF AND ENDOW
(11) _____							
(12) _____							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 188.

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

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

Schedule I (Form 990) (2013)

**Part III Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: THE JEWISH FEDERATION OF GREATER WASHINGTON  
 PROVIDED GRANT FUNDING TO AGENCIES AND SCHOOLS TO BE USED IN ONE OR MORE  
 OF FOUR AREAS OF SERVICE - HUMAN SERVICE NEEDS, PROMOTING JEWISH  
 EDUCATION, DEEPENING JEWISH ENGAGEMENT, AND STRENGTHENING ORGANIZATIONAL  
 OPERATIONS/CAPACITY. SOME GRANTS WERE NOT PROGRAM/SERVICE SPECIFIC. EACH  
 AGENCY/SCHOOL PROVIDES THE FEDERATION WITH AN ANNUAL AUDIT, PROJECTED AND  
 ACTUAL FINANCIAL STATEMENTS AND QUARTERLY FINANCIAL REPORTS. PROFESSIONAL  
 AND VOLUNTEER LEADERSHIP SPEAK AND/OR MEET REGULARLY WITH GRANT  
 RECIPIENTS. IF A GRANTEE WANTS TO REDIRECT FUNDING FOR A DIFFERENT  
 PURPOSE, A REQUEST MUST BE MADE IN WRITING AND APPROVED BY A LAY

**Part III Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

COMMITTEE OF THE FEDERATION.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization **THE JEWISH FEDERATION OF GREATER  
WASHINGTON, INC.**

Employer identification number  
**53-0212445**

**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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> 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 indemnification 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, and officers, including the CEO/Executive Director, regarding the items checked in 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 checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  Yes  No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7**  Yes  No

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**  Yes  No

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**  Yes  No

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		<input checked="" type="checkbox"/>

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	STEVEN A. RAKITT EXECUTIVE VICE PRESIDENT & CEO	(i) 394,511.	0	54,671.	12,625.	5,214.	467,021.	0
	(ii)	0	0	0	0	0	0	0
2	EILEEN FRAZIER CHIEF OPERATING OFFICER	(i) 220,082.	10,000.	4,763.	11,550.	0	246,395.	0
	(ii)	0	0	0	0	0	0	0
3	AVITAL INGBER CHIEF DEVELOPMENT OFFICER	(i) 200,302.	10,000.	1,916.	10,557.	5,214.	227,989.	0
	(ii)	0	0	0	0	0	0	0
4	VICKIE MARX CHIEF OF STAFF	(i) 141,940.	3,000.	1,255.	7,279.	2,364.	155,838.	0
	(ii)	0	0	0	0	0	0	0
5		(i)						
	(ii)							
6		(i)						
	(ii)							
7		(i)						
	(ii)							
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization THE JEWISH FEDERATION OF GREATER  
WASHINGTON, INC.

Employer identification number  
53-0212445

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTH.	84-0896727		03/19/2013	8,600,000.	ACQUIRE/CONSTRUCT OFFICE BUILDING		X		X		X
B											
C											
D											

**Part II Proceeds**

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	8,600,189.							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	116,668.							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	7,051,884.							
11 Other spent proceeds								
12 Other unspent proceeds	1,431,637.							
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

**Part III Private Business Use** (Continued)

E

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X							
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .	X							
<b>b</b> Name of provider . . . . .	PNC BANK, N.A.							
<b>c</b> Term of hedge . . . . .	15.100							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						



**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

(A) ISSUER NAME: COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

ACQUIRE, CONSTRUCT, RENOVATE, EQUIP, AND FURNISH AN OFFICE BUILDING.

PART II, LINE 3:

INCLUDES INVESTMENT EARNINGS ON THE BONDS DURING CONSTRUCTION OF THE PROJECT IN THE AMOUNT OF \$189.

PART II, LINE 13:

THE PROJECT WAS NOT COMPLETED AS OF THE END OF THE APPLICABLE REPORTING PERIOD OF THIS FILING. THE PROJECT WAS COMPLETED AT THE END OF CALENDAR YEAR 2014.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2013**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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. ▶ See separate instructions.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization **THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.**

Employer identification number  
**53-0212445**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) STEVEN RAKITT	EXECUTIVE			TO PAY FOR		X	75,000.	75,000.	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . .						▶ \$	75,000.					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2013

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS

(A) NAME OF PERSON: STEVEN RAKITT

(B) RELATIONSHIP WITH ORGANIZATION: EXECUTIVE VICE PRESIDENT AND CEO

(C) PURPOSE OF LOAN: TO PAY FOR RELOCATION EXPENSES

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization THE JEWISH FEDERATION OF GREATER  
WASHINGTON, INC.

Employer identification number  
53-0212445

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	227.	2,788,677.	FMV
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2013)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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WASHINGTON, INC.

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53-0212445

FORM 990. PART III, LINE 4A AND 4B CONTINUED:

LINE 4A CONTINUED: ALLOCATIONS TO BENEFICIARY AGENCIES

JUSTICE FOR THE POOR, HONORING OUR AGED, ATTENDING TO THOSE WHO ARE ILL  
OR IN CRISIS, NURTURING AND EDUCATING OUR CHILDREN, WELCOMING STRANGERS  
AND HELPING EMIGRES CREATE NEW LIVES OF FREEDOM AND ECONOMIC  
SELF-SUFFICIENCY ARE CENTRAL TO OUR VALUES AND THE PROGRAMS WE SUPPORT.  
EQUALLY IMPORTANT IS OUR COMMITMENT TO INSPIRE JEWISH LEARNING AND JEWISH  
EXPERIENCES IN ORDER TO SHARE OUR COMMUNITY'S STRONG JEWISH IDENTITY.  
FORMAL EDUCATIONAL OPPORTUNITIES AND INFORMAL JEWISH EXPERIENCES LIKE  
SUMMER CAMPS, YOUTH GROUPS AND TRIPS TO ISRAEL PROVIDE LEARNING,  
RECREATIONAL, AND CULTURAL AND SOCIAL ACTIVITIES THAT NOURISH OUR BODIES  
AND OUR MINDS. LASTLY, WE ARE AN ORGANIZATION FOCUSED ON CONNECTING  
OURSELVES AND OUR LIVES TO OTHER JEWS AND JEWISH COMMUNITIES. OUR  
SOLIDARITY WITH ONE ANOTHER IS CELEBRATED THROUGH OUR SHARED CULTURE,  
IDENTITY, AND COMMITMENT TO ONE ANOTHER.

LINE 4B CONTINUED: COMMUNITY OUTREACH CONTINUED: OUR OUTREACH AND  
ENGAGEMENT PROGRAMS REACH OUT TO ISOLATED SENIORS, FAMILIES WITH YOUNG  
CHILDREN, NEWCOMERS, INTERFAITH FAMILIES, AND OTHERS TO WELCOME THEM AND  
INVITE THEM TO BE A PART OF OUR JEWISH FAMILY. PROGRAM SERVICE  
ACCOMPLISHMENTS - PROGRAM EXAMPLES INCLUDE: ONE HAPPY CAMPER OFFERS  
INCENTIVE GRANTS TO FAMILIES WHO CHOOSE TO SEND THEIR CHILDREN TO JEWISH  
OVERNIGHT CAMP FOR THE FIRST TIME. SENIOR SERVICES PROVIDES  
RECREATIONAL, EDUCATIONAL AND SOCIAL SERVICES IN SENIORS' RESIDENCES SO

Name of the organization THE JEWISH FEDERATION OF GREATER  
WASHINGTON, INC.

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THAT THEY MAY CONTINUE TO LIVE INDEPENDENTLY AT HOME. THE PJ LIBRARY BOOK CLUB ENHANCES THE TIME-HONORED TRADITION OF READING TO CHILDREN AT BEDTIME BY PROVIDING FAMILIES WITH JEWISH BOOKS AND GUIDES FOR DISCUSSION. NO MATTER HOW ONE DEFINES "BEING JEWISH" , THE JEWISH FEDERATION IS THERE TO SUPPORT AND ENHANCE JEWISH LIFE FOR EVERYONE IN GREATER WASHINGTON.

FORM 990, PART VI, SECTION A, LINE 2

PAUL BERGER/MERYL ROSENBERG-FAMILY RELATIONSHIP, EDWARD AND IRENE KAPLAN-FAMILY RELATIONSHIP, PHILLIP MARGOLIUS-FAMILY RELATIONSHIP, SUSAN AND MICHAEL GELMAN-FAMILY RELATIONSHIP, STUART WEINBLATT/MICHA WEINBLATT- FAMILY RELATIONSHIP. PHILIP MARGOLIS HAS BUSINESS RELATIONSHIPS WITH SEVERAL BOARD MEMBERS IN HIS CAPACITY AS THEIR ATTORNEY.

FORM 990, PART VI, SECTION A, LINE 6

THE ORGANIZATION'S MEMBERSHIP IS COMPRISED OF INDIVIDUALS AND MEMBER AGENCIES WHO ELECT THE BOARD OF DIRECTORS.

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

BOD ELECTS EXECUTIVE COMMITTEE, ENDOWMENT TRUSTEES, AND THE PRESIDENT HAS SOME APPOINTEES.

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

MEMBERSHIP ELECTS BOARD OF DIRECTORS.

Name of the organization THE JEWISH FEDERATION OF GREATER  
WASHINGTON, INC.

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FORM 990, PART VI, SECTION B, LINE 11

THE ORGANIZATION'S FORM 990 IS REVIEWED BY THE FOLLOWING: CONTROLLER,  
CFO, COO, AND CEO. IN ADDITION, THE AUDIT COMMITTEE OF THE BOARD OF  
DIRECTORS FULLY REVIEWS THE FORM 990 BEFORE FILING, AS WELL AS LEGAL  
COUNSEL.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY REGARDING FINANCIAL  
CONFLICTS OF INTEREST AND IN THE CASE OF GRANTS TO OTHER ORGANIZATIONS,  
ORGANIZATIONAL CONFLICTS. WITH REGARD TO FINANCIAL CONFLICTS, UPON  
DISCLOSURE OF THE EXISTENCE OF A FINANCIAL INTEREST, THE AUDIT COMMITTEE  
SHALL DETERMINE IF A CONFLICT OF INTEREST EXISTS AND IF IT IS DETERMINED  
THAT ONE EXISTS, MAY APPOINT A DISINTERESTED PERSON TO INVESTIGATE  
ALTERNATIVES; DETERMINE WHETHER A MORE ADVANTAGEOUS TRANSACTION CAN BE  
OBTAINED THAT DOES NOT PRESENT A CONFLICT AND WILL VOTE ON ITS DECISION  
WITHOUT THE PRESENCE OF THE PERSON WHO HAS THE CONFLICT. DIRECTORS,  
OFFICERS, CHAIRS OR MEMBERS OF A FEDERATION GOVERNING BODY WHO HAVE  
DISCLOSED A CONFLICT SHALL REFRAIN FROM PARTICIPATING IN CONSIDERATION OF  
THE PROPOSED TRANSACTION UNLESS REQUESTED BY THE PRESIDENT OR TREASURER  
TO PROVIDE INFORMATION CONCERNING THE TRANSACTION. THE PERSONS INVOLVED  
SHALL NOT VOTE ON SUCH MATTERS AND SHALL NOT BE PRESENT AT THE TIME OF  
THE VOTE.

MONITORING AND ENFORCING COMPLIANCE:

DIRECTORS, OFFICERS, CHAIRS AND MEMBERS OF A FEDERATION GOVERNING BODY  
ARE REQUIRED TO PROVIDE AN INITIAL AND, THEREAFTER, ANNUAL STATEMENT,  
REGARDING WHETHER THEY OR THEIR FAMILY MEMBERS HAVE ENGAGED IN, ARE

Name of the organization THE JEWISH FEDERATION OF GREATER  
WASHINGTON, INC.

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ENGAGING OR EXPECT TO ENGAGE IN A TRANSACTION THAT WOULD CONSTITUTE A CONFLICT OF INTEREST. THEY ARE UNDER A CONTINUING OBLIGATION TO DISCLOSE PROMPTLY ANY POTENTIAL OR ACTUAL CONFLICT OF INTEREST IN WRITING OR, IF PRECLUDED DUE TO THE LACK OF TIME, ORALLY, TO THE AUDIT COMMITTEE. IF THE AUDIT COMMITTEE DETERMINES THAT ANY DIRECTOR, OFFICER, CHAIR OR MEMBER OF A FEDERATION GOVERNING BODY FAILS TO COMPLY WITH THE POLICY, INCLUDING FAILURE TO TIMELY SUBMIT THE STATEMENTS REQUIRED, IT IS THE RESPONSIBILITY OF THE PRESIDENT AND TREASURER IN CONSULTATION WITH THE AUDIT COMMITTEE TO TAKE SUCH FURTHER ACTION AS MAY BE APPROPRIATE, WHICH MAY INCLUDE RECOMMENDATION TO THE BOARD THAT SUCH PERSON BE REMOVED FROM OFFICE.

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

FEDERATION HAS A EXECUTIVE COMPENSATION COMMITTEE COMPRISED OF THE PAST PRESIDENT, PRESIDENT AND TREASURER. THIS COMMITTEE REVIEWS THE PERFORMANCE AND COMPENSATION OF THE CEO ANNUALLY AND MAKES RECOMMENDATIONS TO THE 15 MEMBER EXECUTIVE COMMITTEE. COMPENSATION RECOMMENDATIONS ARE INFORMED BY SALARY SURVEY INFORMATION PROVIDED FROM DIFFERENT SOURCES, INCLUDING OUR NATIONAL ORGANIZATION.

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

UPON REQUEST, FORMS 1023 AND 990 ARE MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE IN THE FOLLOWING YEAR. THE CONFLICT OF INTEREST POLICY IS AVAILABLE IN

Name of the organization THE JEWISH FEDERATION OF GREATER  
WASHINGTON, INC.

Employer identification number

THE ORGANIZATION'S ELECTRONIC GOVERNANCE "MANUAL". THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, ANNUAL REPORT, AND ARE MAILED UPON REQUEST.

FORM 990, PART XII, LINE 2C - OVERSIGHT OF AUDIT:

THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS

CHANGE IN VALUE OF SPLIT INTEREST	-82,440
PROVISION FOR UNCOLLECTIBLE PROMISES TO GIVE	-46,814
FAIR VALUE ADJ FOR ASSET HELD FOR SALE	-239,286
MISCELLANEOUS	-8,560
PENSION RELATED CHANGES	509,398
	-----
TOTAL OTHER CHANGES IN NET ASSETS	132,298

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE JEWISH FEDERATION OF GREATER WASHINGTON TRANSFORMS SHARED RESOURCES INTO RICHER LIVES AND A STRONGER COMMUNITY. WE BRING PEOPLE AND FINANCIAL RESOURCES TOGETHER TO ADVANCE OUR THREE PART MISSION: TO CARE FOR THOSE IN NEED; TO DEEPEN ENGAGEMENT IN JEWISH LIFE AND STRENGTHEN JEWISH IDENTITY; TO CREATE CONNECTIONS AMONG JEWS LOCALLY, IN ISRAEL, AND AROUND THE WORLD.

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WASHINGTON, INC.

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ATTACHMENT 2

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CAYMAN ISLANDS

BERMUDA

IRELAND

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ONLINE COMPUTERS AND COMMUNICATIONS LLC P.O BOX 428 FLORHAM PARK, NJ 07932	IT SERVICES	419,516.
SECTEK 1930 ISAAC NEWTON SQUARE #100 RESTON, VA 20190	GUARD SERVICES	321,514.
HAROLD GRINSPOON FOUNDATION 67 HUNT STREET SUITE 100 AGAWAM, MA 01001	SUBSCRIPTION SERVICE	247,160.
EU SERVICES 649 NORTH HORNERS LANE ROCKVILLE, MD 20850	DIRECT MAIL SERVICES	137,051.
BDO SEIDMAN LP P.O. BOX 642743 PITTSBURG, PA 15264	AUDIT AND TAX SVC	103,076.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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**2013**

**Open to Public  
Inspection**

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WASHINGTON, INC.

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**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
(1) JFGW LLC 80-0898436 6101 EXECUTIVE BLVD #100 NORTH BETHESDA, MD 20852	OPERATE BLDG.	MD	1,715,532.	19,966,924.	N/A
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**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) GILDENHORN FOUNDATION 52-1487633 6101 EXECUTIVE BOULEVARD NORTH BETHESDA, MD 20852	COMM SUPPORT	DC	501(C)(3)	LN 11, T 2	N/A		X
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

**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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**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
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	X

**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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													