

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

A For the **2015** calendar year, or tax year beginning **07/01, 2015**, and ending **06/30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.			D Employer identification number 53-0212445		
	Doing Business As			E Telephone number (301) 230-7200		
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	6101 EXECUTIVE BLVD, SUITE 100					
	City or town, state or province, country, and ZIP or foreign postal code NORTH BETHESDA, MD 20852					
F Name and address of principal officer: STEVEN A. RAKITT SAME AS C ABOVE.						
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.SHALOMDC.ORG				G Gross receipts \$ 72,491,467.
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L Year of formation: 1948						H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
M State of legal domicile: MD						If "No," attach a list. (see instructions)
H(c) Group exemption number ▶						

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COMMUNITY BUILDER, FUNDRAISER, AND SAFETY NET FOR THE JEWISH COMMUNITY OF GREATER WASHINGTON.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 120.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 119.	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 94.	
	6 Total number of volunteers (estimate if necessary)	6 9,058.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 1,197,856.	
b Net unrelated business taxable income from Form 990-T, line 34	7b 992,362.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 34,222,779.	Current Year 34,245,815.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,093,970.	2,778,205.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	543,053.	-210,492.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,859,802.	36,813,528.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,135,084.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,600,802.	6,975,645.
16a Professional fundraising fees (Part IX, column (A), line 11e)		59,304.	43,361.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,185,342.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,941,122.	3,696,526.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		29,736,312.	27,998,603.
19 Revenue less expenses. Subtract line 18 from line 12	10,123,490.	8,814,925.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 221,836,332.	End of Year 219,536,308.
	21 Total liabilities (Part X, line 26)	74,728,839.	73,559,715.
	22 Net assets or fund balances. Subtract line 21 from line 20.	147,107,493.	145,976,593.

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Part II Signature Block

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

Sign Here	Signature of officer		Date 05/12/2017		
	STEVEN A. RAKITT Type or print name and title		CEO & EXECUTIVE VP		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOYCE UNDERWOOD	<i>Joyce Underwood</i>	05/11/2017	<input type="checkbox"/>	P00022361
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590		Phone no. 703-893-0600	

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** (2015)

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 \$ 17,283,071. including grants of \$ 17,283,071.) (Revenue \$ _____)

ATTACHMENT 2

4b (Code: _____) (Expenses \$ 3,694,828. including grants of \$ _____) (Revenue \$ _____)

ATTACHMENT 3

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 ▶ 20,977,899.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.	X	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	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 of questions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and contributions.

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 (120), 1b (119), 2, 3, 4, 5, 6, 7a, 7b, 8, 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, 15, 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, address, and telephone number of the person who possesses the organization's books and records: ISABELLA YUSIMOVA 6101 EXECUTIVE BLVD, STE 100 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 0.	X					0.	0.	0.	
(2) ADAM AUGUST MEMBER	.70 0.	X					0.	0.	0.	
(3) MARC AZRAN MEMBER	.70 0.	X					0.	0.	0.	
(4) EMILY BENOVIK VP, YOUNG LEADERSHIP	2.00 0.	X		X			0.	0.	0.	
(5) PAUL S. BERGER COUNSEL	2.00 0.	X		X			0.	0.	0.	
(6) SHERRILL BERK MEMBER	.70 0.	X					0.	0.	0.	
(7) JOSHUA B. BERNSTEIN MEMBER	.70 0.	X					0.	0.	0.	
(8) NORMAN BERNSTEIN MEMBER	.70 0.	X					0.	0.	0.	
(9) MICHELE HYMER BLITZ MEMBER	.70 0.	X					0.	0.	0.	
(10) JOEL BRESLAU PAST PRESIDENT	2.00 0.	X		X			0.	0.	0.	
(11) FAY-ANN BRODIE MEMBER	.70 0.	X					0.	0.	0.	
(12) SCOTT BROWN MEMBER	.70 0.	X					0.	0.	0.	
(13) SAMUEL BRYLAWSKI MEMBER	.70 0.	X					0.	0.	0.	
(14) BRADLEY A. BUSLIK MEMBER	.70 0.	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) DAVID J. BUTLER ----- PAST PRESIDENT	2.00 ----- 0.	X		X				0.	0.	0.
(16) GERALD CHARNOFF ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
(17) JEFF COHEN ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
(18) MARCELLA COHEN ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
(19) MORRIS COHEN ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
(20) JASON M. CONWAY ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
(21) LAURA K. CUTLER ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
(22) EVA MALKA DAVIS ----- VP, MARKETING	2.00 ----- 0.	X		X				0.	0.	0.
(23) FRED DIAMOND ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
(24) JEFFREY S. DISTENFELD ----- VP, FINANCIAL RESOURCE DEV	2.00 ----- 0.	X		X				0.	0.	0.
(25) NANCY DUBER ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,352,605.	0.	81,018.
d Total (add lines 1b and 1c)								1,352,605.	0.	81,018.

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

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) AMY DWECK MEMBER	.70 0.	X						0.	0.	0.
(27) RALPH S. DWECK MEMBER	.70 0.	X						0.	0.	0.
(28) PEGGY EPHRATH MEMBER	.70 0.	X						0.	0.	0.
(29) PETER FEDEROWICZ MEMBER	.70 0.	X						0.	0.	0.
(30) ANNE FEINBERG MEMBER	.70 0.	X						0.	0.	0.
(31) DIANE S. FEINBERG PAST PRESIDENT	2.00 0.	X		X				0.	0.	0.
(32) MICHAEL R. FLYER MEMBER	.70 0.	X						0.	0.	0.
(33) MICHAEL FRIEDMAN MEMBER	.70 0.	X						0.	0.	0.
(34) MATTHEW FRIEDSON MEMBER	.70 0.	X						0.	0.	0.
(35) MICHAEL C. GELMAN PAST PRESIDENT	2.00 0.	X		X				0.	0.	0.
(36) SUSAN R. GELMAN PAST PRESIDENT	2.00 0.	X		X				0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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) MORGAN GENDERSON MEMBER	.70 0.	X					0.	0.	0.	
(38) CATHY GILDENHORN MEMBER	.70 0.	X					0.	0.	0.	
(39) JOSEPH B. GILDENHORN PAST PRESIDENT	2.00 0.	X		X			0.	0.	0.	
(40) RONALD R. GLANCZ MEMBER	.70 0.	X					0.	0.	0.	
(41) SOL GLASNER MEMBER	.70 0.	X					0.	0.	0.	
(42) ELIOT GOLDBERG MEMBER	.70 0.	X					0.	0.	0.	
(43) LAURA GOLDMAN MEMBER	.70 0.	X					0.	0.	0.	
(44) CAROL I. GORDON MEMBER	.70 0.	X					0.	0.	0.	
(45) FELICIA GOTTDENKER MEMBER	.70 0.	X					0.	0.	0.	
(46) SHELDON GROSBERG MEMBER	.70 0.	X					0.	0.	0.	
(47) NEIL GURVITCH MEMBER	.70 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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) MARCI HANDLER ----- VP, FINANCE AND TREASURER	2.00 ----- 0.	X		X				0.	0.	0.
(49) RICHARD HANDLOFF ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
(50) GREG HARRIS ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
(51) FRED HEYMAN ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
(52) ARNIE HILLER ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
(53) JOSEPH HOFFMAN ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
(54) EMILY HOFMANN ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
(55) KERRY L. IRIS ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
(56) RONALD D. KABRAN ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
(57) ELLEN KAGEN WAGHELSTEIN ----- VP, WOMEN'S PHILANTHROPY	2.00 ----- 0.	X		X				0.	0.	0.
(58) MARK KAHAN ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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) BRUCE KAPLAN MEMBER	.70 0.	X					0.	0.	0.	
(60) EDWARD H. KAPLAN PAST PRESIDENT	2.00 0.	X		X			0.	0.	0.	
(61) IRENE R. KAPLAN PAST PRESIDENT	2.00 0.	X		X			0.	0.	0.	
(62) LESLIE A. KAPLAN VICE PRESIDENT AT LARGE	2.00 0.	X		X			0.	0.	0.	
(63) SAMUEL G. KAPLAN MEMBER	.70 0.	X					0.	0.	0.	
(64) JULIE E. KASS MEMBER	.70 0.	X					0.	0.	0.	
(65) SHERRY K. KASWELL MEMBER	.70 0.	X					0.	0.	0.	
(66) STEPHEN KELIN MEMBER	.70 0.	X					0.	0.	0.	
(67) SHELDON H. KLEIN VP, COMM. & GLOBAL IMPACT ISRA	2.00 0.	X		X			0.	0.	0.	
(68) LAWRENCE P. KLINE MEMBER	.70 0.	X					0.	0.	0.	
(69) WILLIAM M. KREISBERG MEMBER	.70 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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) JOCELYN B. KRIFCHER MEMBER	.70 0.	X					0.	0.	0.	
(71) ROCHELLE KUPFER PRESIDENTIAL APPOINTEE	2.00 0.	X		X			0.	0.	0.	
(72) STUART S. KURLANDER PAST PRESIDENT	2.00 0.	X		X			0.	0.	0.	
(73) ARTHUR N. LERNER MEMBER	.70 0.	X					0.	0.	0.	
(74) STUART H. LESSANS MEMBER	.70 0.	X					0.	0.	0.	
(75) HENRY D. LEVINE MEMBER	.70 0.	X					0.	0.	0.	
(76) MARK L. LEVITT PRESIDENT, UNITED JEWISH ENDOW	2.00 0.	X		X			0.	0.	0.	
(77) LIZA LEVY PAST PRESIDENT	2.00 0.	X		X			0.	0.	0.	
(78) MARK K. LEZELL MEMBER	.70 0.	X					0.	0.	0.	
(79) YELENA LINGEL MEMBER	.70 0.	X					0.	0.	0.	
(80) PHILIP N. MARGOLIUS PAST PRESIDENT	2.00 0.	X		X			0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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) LOUIS MAYBERG MEMBER	.70 0.	X					0.	0.	0.	
(82) MANETTE MAYBERG MEMBER	.70 0.	X					0.	0.	0.	
(83) ALAN L. MELTZER MEMBER	.70 0.	X					0.	0.	0.	
(84) BENJAMIN MILAKOFSKY MEMBER	.70 0.	X					0.	0.	0.	
(85) LYNN W. MORGAN MEMBER	.70 0.	X					0.	0.	0.	
(86) MARCIA I. NUSGART MEMBER	.70 0.	X					0.	0.	0.	
(87) RONALD A. PAUL, M.D. MEMBER	.70 0.	X					0.	0.	0.	
(88) MICHAEL PLOSTOCK MEMBER	.70 0.	X					0.	0.	0.	
(89) JAMIE POSLOSKY MEMBER	.70 0.	X					0.	0.	0.	
(90) KIM PRICE MEMBER	.70 0.	X					0.	0.	0.	
(91) ADAM J. RASKIN MEMBER	.70 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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) SHAI ROMIROWSKY MEMBER	.70 0.	X					0.	0.	0.	
(93) MERYL B. ROSENBERG MEMBER	.70 0.	X					0.	0.	0.	
(94) WENDY S. RUDOLPH MEMBER	.70 0.	X					0.	0.	0.	
(95) JEFFERY S. RUM MEMBER	.70 0.	X					0.	0.	0.	
(96) DEBORAH RATNER SALZBERG PRESIDENTIAL APPOINTEE	2.00 0.	X		X			0.	0.	0.	
(97) IVAN M. SCHAEFFER PAST PRESIDENT	2.00 0.	X		X			0.	0.	0.	
(98) SUSAN SCHOR VP, COMM. & GLOBAL IMPACT ISRA	2.00 0.	X		X			0.	0.	0.	
(99) KEN SCHWARTZ MEMBER	.70 0.	X					0.	0.	0.	
(100) RAANAN SHAMES MEMBER	.70 0.	X					0.	0.	0.	
(101) SUSAN N. SHANKMAN MEMBER	.70 0.	X					0.	0.	0.	
(102) JESSICA SHER MEMBER	.70 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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) JANE E. SHICHMAN MEMBER	.70 0.	X					0.	0.	0.	
(104) BEN SHLESINGER MEMBER	.70 0.	X					0.	0.	0.	
(105) MATTHEW H. SIMON PAST PRESIDENT	2.00 0.	X		X			0.	0.	0.	
(106) JONATHAN STAHL MEMBER	.70 0.	X					0.	0.	0.	
(107) JOSHUA STEVENS MEMBER	.70 0.	X					0.	0.	0.	
(108) STEVEN D. STONE MEMBER	.70 0.	X					0.	0.	0.	
(109) MINDY STRELITZ MEMBER	.70 0.	X					0.	0.	0.	
(110) SHIRA STUTMAN MEMBER	.70 0.	X					0.	0.	0.	
(111) STUART TAUBER VP, LEADERSHIP & VOLUNTEER DEV	2.00 0.	X		X			0.	0.	0.	
(112) ARIELLE N. TEITELBAUM MEMBER	.70 0.	X					0.	0.	0.	
(113) STEFAN F. TUCKER MEMBER	.70 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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) ORLEE TURITZ MEMBER	.70 0.	X					0.	0.	0.	
(115) CARYN W. WECHSLER MEMBER	.70 0.	X					0.	0.	0.	
(116) EDWARD R. WEISS SECRETARY	2.00 0.	X		X			0.	0.	0.	
(117) ROBERT E. ZAHLER PRESIDENT	2.00 0.	X		X			0.	0.	0.	
(118) KINNEY ZALESNE MEMBER	.70 0.	X					0.	0.	0.	
(119) CINDY ZITELMAN MEMBER	.70 0.	X					0.	0.	0.	
(120) STEVEN A. RAKITT EXECUTIVE VP & CEO	55.00 0.	X		X			487,450.	0.	20,246.	
(121) EILEEN FRAZIER CHIEF OPERATING OFFICER	55.00 0.					X	237,011.	0.	11,747.	
(122) AVITAL INGBER CHIEF DEVELOPMENT OFFICER	55.00 0.					X	224,889.	0.	18,128.	
(123) STACYE N. ZEISLER CHIEF MARKETING OFFICER	55.00 0.					X	149,358.	0.	7,454.	
(124) ISABELLA YUSIMOVA CHIEF FINANCIAL OFFICER	55.00 0.					X	131,172.	0.	17,315.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	46,441.					
	b Membership dues	1b						
	c Fundraising events	1c	61,853.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	431,250.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	33,706,271.					
	g Noncash contributions included in lines 1a-1f: \$		6,836,557.					
	h Total. Add lines 1a-1f ▶		34,245,815.					
	Program Service Revenue	2a _____	Business Code					
b _____								
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f ▶				0.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			2,053,762.		1,034,823.	1,018,939.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross rents	(i) Real	(ii) Personal					
		1,618,146.						
		b Less: rental expenses		2,016,213.				
		c Rental income or (loss)		-398,067.				
	d Net rental income or (loss) ▶			-398,067.		163,033.	-561,100.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		34,162,763.						
		b Less: cost or other basis and sales expenses		33,438,320.				
		c Gain or (loss)		724,443.				
	d Net gain or (loss) ▶			724,443.			724,443.	
	8a Gross income from fundraising events (not including \$ 61,853. of contributions reported on line 1c). See Part IV, line 18 a			93,650.				
		b Less: direct expenses b		223,406.				
		c Net income or (loss) from fundraising events. ▶						
	9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b								
c Net income or (loss) from gaming activities. ▶				0.				
10a Gross sales of inventory, less returns and allowances a								
	b Less: cost of goods sold b							
	c Net income or (loss) from sales of inventory. ▶							0.
Miscellaneous Revenue			Business Code					
11a	OTHER MISCELLANEOUS INCOME	900099		317,331.			317,331.	
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d ▶				317,331.			317,331.
12 Total revenue. See instructions. ▶				36,813,528.		1,197,856.	1,369,857.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,283,071.	17,283,071.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	513,655.	143,823.	138,687.	231,145.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,092,320.	1,411,193.	1,415,044.	2,266,083.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	311,663.	53,181.	129,002.	129,480.
9 Other employee benefits	681,105.	163,243.	264,699.	253,163.
10 Payroll taxes	376,902.	109,530.	103,685.	163,687.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	11,117.	9,840.		1,277.
c Accounting	77,000.		71,800.	5,200.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	43,361.			43,361.
f Investment management fees	220,151.	164,948.	22,294.	32,909.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,133,221.	661,794.	40,705.	430,722.
12 Advertising and promotion	91,842.	67,979.	9,043.	14,820.
13 Office expenses	526,102.	130,770.	124,613.	270,719.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	207,141.	37,031.	83,835.	86,275.
17 Travel	331,166.	223,438.	57,652.	50,076.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	230,524.	187,086.	21,583.	21,855.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	256,013.	24,218.	187,525.	44,270.
23 Insurance	27,635.		27,635.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISSIONS -----	195,739.	191,829.		3,910.
b MISCELLANEOUS EXPENSES -----	388,875.	114,925.	137,560.	136,390.
c -----				
d -----				
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	27,998,603.	20,977,899.	2,835,362.	4,185,342.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	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
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	2,466,100.	2	2,425,714.
	3 Pledges and grants receivable, net	4,990,096.	3	6,705,616.
	4 Accounts receivable, net	0.	4	0.
	5 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.	5	75,000.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	1,600,000.	7	1,600,000.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,576,655.		
	b Less: accumulated depreciation	10b 3,629,477.	20,396,206.	10c 19,947,178.
	11 Investments - publicly traded securities	90,027,529.	11	93,350,410.
	12 Investments - other securities. See Part IV, line 11	94,161,789.	12	88,149,915.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	8,119,612.	15	7,282,475.
16 Total assets. Add lines 1 through 15 (must equal line 34)	221,836,332.	16	219,536,308.	
Liabilities	17 Accounts payable and accrued expenses	4,275,885.	17	5,570,300.
	18 Grants payable	9,656,529.	18	10,043,001.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	8,600,000.	20	8,600,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	4,235,000.	23	3,940,000.
	24 Unsecured notes and loans payable to unrelated third parties	2,710,700.	24	1,450,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	45,250,725.	25	43,956,414.
	26 Total liabilities. Add lines 17 through 25	74,728,839.	26	73,559,715.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	51,187,172.	27	54,372,374.
	28 Temporarily restricted net assets	69,507,934.	28	65,397,852.
	29 Permanently restricted net assets	26,412,387.	29	26,206,367.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	147,107,493.	33	145,976,593.
	34 Total liabilities and net assets/fund balances	221,836,332.	34	219,536,308.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,813,528.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,998,603.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,814,925.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	147,107,493.
5	Net unrealized gains (losses) on investments	5	-7,216,137.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,729,688.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	145,976,593.

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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33,419,344.	29,572,420.	30,460,038.	34,222,779.	34,245,815.	161,920,396.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	33,419,344.	29,572,420.	30,460,038.	34,222,779.	34,245,815.	161,920,396.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						12,356,151.
6 Public support. Subtract line 5 from line 4.						149,564,245.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	33,419,344.	29,572,420.	30,460,038.	34,222,779.	34,245,815.	161,920,396.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,863,815.	2,216,530.	3,250,150.	3,816,085.	2,070,175.	13,216,755.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	445,432.	708,004.	900,131.	646,795.	992,362.	3,692,724.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	882,775.	793,236.	676,239.	755,852.	317,331.	3,425,433.
11 Total support. Add lines 7 through 10						182,255,308.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	82.06%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	80.99%

16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
MISCELLANEOUS INCOME	882,775.	793,236.	676,239.	755,852.	317,331.	3,425,433.
TOTALS	<u>882,775.</u>	<u>793,236.</u>	<u>676,239.</u>	<u>755,852.</u>	<u>317,331.</u>	<u>3,425,433.</u>

Schedule of Contributors

2015

▶ **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.

Name of the organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	Employer identification number 53-0212445
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Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	Employer identification number 53-0212445
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 2,981,550.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
2	_____ _____ _____	\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
3	_____ _____ _____	\$ 1,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
4	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
5	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
6	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>

Name of organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	Employer identification number 53-0212445
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 895,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input 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.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	Employer identification number 53-0212445
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	STOCK _____ _____ _____	\$ 2,981,550.	06/30/2016
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	Employer identification number 53-0212445
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number, acreage, and other details.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for works of art, historical treasures, and other similar assets held for public exhibition.

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

Schedule D (Form 990) 2015

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?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 35.2500 %
b Permanent endowment 18.8600 %
c Temporarily restricted endowment 45.8900 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ABSOLUTE RETURN	15,176,157.	FMV
(B) DIRECTIONAL HEDGE	25,278,099.	FMV
(C) REAL ASSETS	3,201,233.	FMV
(D) PRIVATE EQUITY	2,217,882.	FMV
(E) INTERNATIONAL EQUITY	14,701,635.	FMV
(F) FUND OF FUNDS - PRIVATE EQUITY	17,901,953.	FMV
(G) FIXED INCOME FUND - GLOBAL	9,672,956.	FMV
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	88,149,915.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENT	8,573,631.
(3) DUE TO AGENCIES	34,584,798.
(4) INTEREST RATE SWAP LIABILITY	797,985.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	43,956,414.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	28,827,575.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		-7,216,137.
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		-549,665.
e	Add lines 2a through 2d		2e	-7,765,802.
3	Subtract line 2e from line 1		3	36,593,377.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		220,151.
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	220,151.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	36,813,528.

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

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

1	Total expenses and losses per audited financial statements		1	28,001,858.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		223,406.
e	Add lines 2a through 2d		2e	223,406.
3	Subtract line 2e from line 1		3	27,778,452.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		220,151.
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	220,151.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	27,998,603.

Part XIII Supplemental Information.

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

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. THE TAX YEARS ENDED JUNE 30, 2013, 2014 AND 2015, REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS TO WHICH THE FEDERATION IS SUBJECT, AND THEY HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF LIMITATIONS. NO EXAMINATIONS ARE CURRENTLY IN PROCESS.

PART XI, LINE 2D

FUNDRAISING EXPENSES NETTED AGAINST INCOME	\$ 223,406
UNREALIZED LOSS ON INTEREST RATE SWAPS	-773,073
ROUNDING	2
TOTAL LINE 2D, OTHER NOT ON 990 AS REVENUE	\$ -549,665

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D

FUNDRAISING EXPENSES NETTED AGAINST INCOME \$223,406

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

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

Employer identification number
53-0212445

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) MIDDLE EAST AND NORTH AFRICA			INVESTMENTS	ISRAEL BONDS	3,181,000.
(2) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		40,724,000.
(3) EUROPE			INVESTMENTS		9,747,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					53,652,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					53,652,000.

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

Schedule F (Form 990) 2015

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ _____

3 Enter total number of other organizations or entities. ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

**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" on 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.

OMB No. 1545-0047

2015

**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" on 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	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					346,440.	43,361.	303,079.

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" on 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	
		NETWORK KICKOFF (event type)	BALLPARK EVENT (event type)	4. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	66,586.	46,881.	42,037.	155,504.
	2	Less: Contributions	32,281.	27,031.	2,542.	61,854.
	3	Gross income (line 1 minus line 2)	34,305.	19,850.	39,495.	93,650.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		4,040.	22,478.	26,518.
	7	Food and beverages	47,649.	1,099.	26,389.	75,137.
	8	Entertainment				
	9	Other direct expenses	55,542.	53,919.	12,290.	121,751.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				223,406.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-129,756.

Part III Gaming. Complete if the organization answered "Yes" on 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	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	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	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a 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 conduct 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 conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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 provide any additional information (see instructions).

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
SEIGEL MARKETING GROUP P.O. BOX 658598 CHICAGO IL 60695	TELEPHONE CALLS		X	128,014.	29,245.	98,769.
TARGET OUTREACH INC. 2006 SOUTHERN BOULEVARD, SUITE 101 RIO RANCHO NM 87124	TELEPHONE CALLS		X	218,426.	14,116.	204,310.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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

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) ABRAHAM FUND INITIATIVES 320 NEVADA ST #301 NEWTON, MA 02640	13-3556715	501(C)(3)	7,500.				SEE PART IV, TYPE A
(2) ADAS ISRAEL CONGREGATION 2850 QUEBEC ST NW WASHINGTON, DC 20008	53-0196563	501(C)(3)	118,859.				SEE PART IV, TYPE A
(3) ADAT REYIM CONGREGATION 6500 WESTBURY OAKS CT SPRINGFIELD, VA 22152	52-1301562	501(C)(3)	8,250.				SEE PART IV, TYPE D
(4) ADAT SHALOM RECONSTRUCTIONIST 7727 PERSIMMON TREE LN BETHESDA, MD 20817	52-1763027	501(C)(3)	5,750.				SEE PART IV, TYPE D
(5) AISH HATORAH OF DC 11418 OLD GEORGETN RD N BETHESDA, MD 20852	94-3094990	501(C)(3)	26,980.				SEE PART IV, TYPE A
(6) AISH INTERNATIONAL 505 8TH AVE NEW YORK, NY 10018	11-3666684	501(C)(3)	10,000.				SEE PART IV, TYPE A
(7) ALEF BET MONTESSORI SCHOOL 7300 WHITTIER BLVD BETHESDA, MD 20817	20-8512281	501(C)(3)	11,000.				SEE PART IV, TYPE A
(8) ALEXANDER MUSS INSTITUTE 78 RANDALL AVE ROCKVILLE CTR, NY 11570	59-0173782	501(C)(3)	22,478.				SEE PART IV, TYPE B
(9) AMERICAN FRIENDS OF LEKET ISRAEL 101 CEDAR LN #306 TEANECK, NJ 07666-4509	20-8202424	501(C)(3)	18,000.				SEE PART IV, TYPE A
(10) AMERICAN FRIENDS OF SHALVA, INC. 315 FIFTH AVE 6TH FL NEW YORK, NY 10016	56-2676533	501(C)(3)	10,000.				SEE PART IV, TYPE A
(11) AMERICAN FRIENDS OF THE ISRAEL MUSEUM 500 FIFTH AVE #2540 NEW YORK, NY 10110	23-7182582	501(C)(3)	64,961.				SEE PART IV, TYPE A
(12) AMERICAN ISRAEL EDUCATION FOUNDATION 251 H ST NW WASHINGTON, DC 20001	52-1623781	501(C)(3)	25,000.				SEE PART IV, TYPE A

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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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

Employer identification number
53-0212445

Part I General Information on Grants and Assistance

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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) AMERICAN JEWISH COMMITTEE 1156 15TH ST NW WASHINGTON, DC 20005	13-5563393	501(C)(3)	12,881.				SEE PART IV, TYPE A
(2) AMERICAN SUPPORTERS OF YEDID 492C CEDAR LN #335 TEANECK, NJ 07666	20-0426364	501(C)(3)	7,500.				SEE PART IV, TYPE A
(3) AMERICAN TECHNION SOCIETY 7315 WISCONSIN AVE #800 BETHESDA, MD 20814	13-0434195	501(C)(3)	8,750.				SEE PART IV, TYPE A
(4) AMERICAN UNIVERSITY 4400 MASS AVE NW WASHINGTON, DC 20016	53-0196549	501(C)(3)	28,680.				SEE PART IV, TYPE A
(5) AMERICAN UNI - HILLEL - KAY SPIRITUAL LIFE 4400 MASS AVE NW WASHINGTON, DC 20016	52-6066696	501(C)(3)	17,273.				SEE PART IV, TYPE E
(6) ANTI DEFAMATION LEAGUE 1100 CONN AVE #1020 WASHINGTON, DC 20036	13-2887439	501(C)(3)	13,424.				SEE PART IV, TYPE A
(7) ARTISTS 4 ISRAEL 605 W CHAPEL HILL ST DURHAM, NC 27701	80-0415734	501(C)(3)	10,000.				SEE PART IV, TYPE A
(8) AVODAH 45 W 36TH ST 8TH FL NEW YORK, NY 10018	13-3914342	501(C)(3)	25,000.				SEE PART IV, TYPE A
(9) BARKER FOUNDATION INC. 7979 OLD GEORGETOWN ROAD BETHESDA, MD 20814	52-0642791	501(C)(3)	8,500.				SEE PART IV, TYPE A
(10) BEND THE ARC: A JEWISH PARTNERSHIP FOR JUST 330 SEVENTH AVE 19TH FL NEW YORK, NY 10001	52-1332694	501(C)(3)	25,800.				SEE PART IV, TYPE A
(11) BENDER JCC OF GREATER WASHINGTON 6125 MONTROSE ROAD ROCKVILLE, MD 20852-4857	53-0205921	501(C)(3)	108,505.				SEE PART IV, TYPE B
(12) BENDER JCCGW 6125 MONTROSE ROAD ROCKVILLE, MD 20852	53-0205921	501(C)(3)	783,063.				SEE PART IV, TYPE D

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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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

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) BERMAN HEBREW ACADEMY 13300 ARCTIC AVENUE ROCKVILLE, MD 20853	53-0208371	501(C)(3)	342,842.				SEE PART IV, TYPE D
(2) BETH EL HEBREW CONGREGATION 3830 SEMINARY ROAD ALEXANDRIA, VA 22304	54-0681891	501(C)(3)	7,500.				SEE PART IV, TYPE D
(3) BETH SHOLOM CONGREGATION & TALMUD TORAH 11825 SEVEN LOCKS RD POTOMAC, MD 20854-3398	53-0196574	501(C)(3)	16,500.				SEE PART IV, TYPE A
(4) BIBLICAL ARCHAEOLOGY SOCIETY 4710 41ST STREET NW WASHINGTON, DC 20016	23-7416300	501(C)(3)	100,000.				SEE PART IV, TYPE A
(5) BIKUR CHOLIM OF GREATER WASHINGTON 12320 PARKLAWN DRIVE ROCKVILLE, MD 20852	52-2026976	501(C)(3)	32,930.				SEE PART IV, TYPE A
(6) B'NAI BRITH YOUTH ORGANIZATION 6125 MONTROSE ROAD ROCKVILLE, MD 20852	31-1794932	501(C)(3)	22,900.				SEE PART IV, TYPE D
(7) B'NAI B'RITH YOUTH ORGANIZATION 800 EIGHTH STREET, NW WASHINGTON, DC 20001	31-1794932	501(C)(3)	32,381.				SEE PART IV, TYPE B
(8) BNAI ISRAEL CONGREGATION 6301 MONTROSE ROAD ROCKVILLE, MD 20852	53-0212444	501(C)(3)	38,650.				SEE PART IV, TYPE A
(9) B'NAI ISRAEL CONGREGATION 6301 MONTROSE ROAD ROCKVILLE, MD 20852	53-0212444	501(C)(3)	9,000.				SEE PART IV, TYPE D
(10) B'NAI SHALOM OF OLNEY 18401 BURTFIELD DRIVE OLNEY, MD 20832	52-0981756	501(C)(3)	9,600.				SEE PART IV, TYPE A
(11) BNAI TZEDEK 10621 SOUTH GLEN ROAD POTOMAC, MD 20854	52-1619672	501(C)(3)	7,200.				SEE PART IV, TYPE D
(12) BOWDOIN COLLEGE 4100 COLLEGE STAT. BRUNSWICK, ME 04011-8432	01-0215213	501(C)(3)	10,000.				SEE PART IV, TYPE A

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) (2015)

**SCHEDULE I
(Form 990)**

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

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Department of the Treasury
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Complete if the organization answered "Yes" on 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

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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) BRAIN AND BEHAVIOR RESEARCH FOUNDATION 90 PARK AVE 16TH FL NEW YORK, NY 10016-1301	11-3401438	501(C)(3)	30,000.				SEE PART IV, TYPE A
(2) CAMPAIGN FOR THE FAIR SENTENCING OF YOUTH 1319 F ST NW WASHINGTON, DC 20004	27-3761788	501(C)(3)	10,000.				SEE PART IV, TYPE A
(3) CAPITAL CAMPS AND RETREAT CENTER 11300 ROCKVILLE PK ROCKVILLE, MD 20852-3003	52-1515202	501(C)(3)	57,066.				SEE PART IV, TYPE A
(4) CAPITAL CAMPS AND RETREAT CENTER (CCRC) 11300 ROCKVILLE PK #407 ROCKVILLE, MD 20852	52-1515202	501(C)(3)	120,078.				SEE PART IV, TYPE D
(5) CAPITAL CAMPS AND RETREAT CENTER - OHC 11300 ROCKVILLE PK #407 ROCKVILLE, MD 20852	52-1515202	501(C)(3)	35,500.				SEE PART IV, TYPE D
(6) CENTER FOR CREATIVE CHANGE 3748 JENIFER ST NW WASHINGTON, DC 20015	31-1801544	501(C)(3)	30,000.				SEE PART IV, TYPE A
(7) CHABAD SHUL OF POTOMAC 11701 GAINSBOROUGH RD POTOMAC, MD 20854	41-2100349	501(C)(3)	119,000.				SEE PART IV, TYPE A
(8) CHARLES E. SMITH JEWISH DAY SCHOOL 1901 E JEFFERSON ST ROCKVILLE, MD 20852	52-0961920	501(C)(3)	55,328.				SEE PART IV, TYPE B
(9) CHARLES E. SMITH JEWISH DAY SCHOOL 1901 E JEFFERSON ST ROCKVILLE, MD 20852	52-0961920	501(C)(3)	488,053.				SEE PART IV, TYPE D
(10) CHARLES E. SMITH LIFE COMMUNITIES 6121 MONTROSE RD ROCKVILLE, MD 20852	53-0196508	501(C)(3)	112,375.				SEE PART IV, TYPE A
(11) CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW WASHINGTON, DC 20010	52-1640403	501(C)(3)	6,000.				SEE PART IV, TYPE A
(12) CONGREGATION BETH EL OF MONTGOMERY COUNTY 8215 OLD GEORGETOWN RD BETHESDA, MD 20814	52-0698176	501(C)(3)	43,850.				SEE PART IV, TYPE B

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

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

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) CONGREGATION BNAI TZEDEK 10621 SOUTH GLEN RD POTOMAC, MD 20854	52-1619672	501(C)(3)	23,200.				SEE PART IV, TYPE A
(2) CONGREGATION JEWISH LEARNING EXPERIENCE 650 9TH ST LAKEWOOD, NJ 08701	22-2407101	501(C)(3)	13,000.				SEE PART IV, TYPE A
(3) CRITTENTON SERVICES OF GREATER WASHINGTON 815 SILVER SPR AV SILVER SPRING, MD 20910	53-0196511	501(C)(3)	11,000.				SEE PART IV, TYPE A
(4) DOCTORS WITHOUT BORDERS 333 7TH AVE 2ND FL NEW YORK, NY 10001	13-3433452	501(C)(3)	5,991.				SEE PART IV, TYPE A
(5) EDLAVITCH DC JCC 1529 16TH ST NW WASHINGTON, DC 20036-2505	52-1398151	501(C)(3)	158,653.				SEE PART IV, TYPE B
(6) EDLAVITCH WASHINGTON D.C. JEWISH COMM CTR 1529 16TH ST NW WASHINGTON, DC 20036	52-1398151	501(C)(3)	399,432.				SEE PART IV, TYPE D
(7) EDUCARE WASHINGTON, D.C. 640 ANACOSTIA AVE NE WASHINGTON, DC 20019	27-2481956	501(C)(3)	20,895.				SEE PART IV, TYPE A
(8) ENDOWMENT FOR MIDDLE EAST TRUTH 1050 CONN AVE NW #10 WASHINGTON, DC 20036	20-4329740	501(C)(3)	15,475.				SEE PART IV, TYPE A
(9) FAIR GIRLS 2100 M ST NW #170-254 WASHINGTON, DC 20037	32-0041030	501(C)(3)	14,000.				SEE PART IV, TYPE A
(10) FIDELITY CHARITABLE GIFT FUND 200 SEAPORT BOULEVARD BOSTON, MA 02210	11-0303001	501(C)(3)	7,803.				SEE PART IV, TYPE A
(11) FIELD SCHOOL 2301 FOXHALL ROAD, NW WASHINGTON, DC 20007	52-0960218	501(C)(3)	7,000.				SEE PART IV, TYPE A
(12) FRIENDS OF ISRAEL SCOUTS INC-TZOFIM 575 8TH AVE 11TH FL NEW YORK, NY 10018	13-3843506	501(C)(3)	5,720.				SEE PART IV, TYPE D

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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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
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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) FRIENDS OF THE ISRAEL DEFENSE FORCES 1430 BROADWAY, RM 1301 NEW YORK, NY 10018	13-3156445	501(C)(3)	26,920.				SEE PART IV, TYPE A
(2) FRIENDSHIP CIRCLE INC 11621 SEVEN LOCKS RD POTOMAC, MD 20854	26-0817688	501(C)(3)	17,933.				SEE PART IV, TYPE A
(3) GATHER, INC 4550 MONTGOMERY AV #650N BETHESDA, MD 20814	81-2318776	501(C)(3)	50,000.				SEE PART IV, TYPE C
(4) GEORGE MASON UNIVERSITY - HILLEL 4400 UNIVERSITY DRIVE FAIRFAX, VA 22030	52-2232458	501(C)(3)	17,273.				SEE PART IV, TYPE E
(5) GEORGE WASHINGTON UNIVERSITY 2121 I STREET NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	60,983.				SEE PART IV, TYPE A
(6) GEORGE WASHINGTON UNI - HILLEL - GEWIRZ CEN 2300 H STREET, NW WASHINGTON, DC 20037	52-0749507	501(C)(3)	37,686.				SEE PART IV, TYPE E
(7) GEORGETOWN UNIVERSITY 3300 WHITEHAVEN ST NW WASHINGTON, DC 20007	53-0196603	501(C)(3)	13,500.				SEE PART IV, TYPE A
(8) GESHER JEWISH DAY SCHOOL 4700 SHIRLEY GATE ROAD FAIRFAX, VA 22030	54-1201968	501(C)(3)	92,909.				SEE PART IV, TYPE D
(9) GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BLVD, FL 2 MIAMI, FL 33137	59-0624404	501(C)(3)	100,000.				SEE PART IV, TYPE A
(10) GREATER WASHINGTON COMMUNITY KOLLEL 10900 LOCKWOOD DR SILVER SPRING, MD 20901	26-2294078	501(C)(3)	9,800.				SEE PART IV, TYPE A
(11) HABONIM DROR OF NORTH AMERICA 114 WEST 26TH STREET NEW YORK, NY 10001	11-3301957	501(C)(3)	8,000.				SEE PART IV, TYPE B
(12) HADASSAH THE WOMEN ZIONIST ORG OF AMERICA 50 W. 58TH STREET NEW YORK, NY 10019	13-1656651	501(C)(3)	24,844.				SEE PART IV, TYPE A

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(1) HEBREW IMMIGRANT AID SOCIETY (HIAS) 333 SEVENTH AVENUE NEW YORK, NY 10001	13-5633307	501(C)(3)	34,554.				SEE PART IV, TYPE A
(2) HILLEL - SCHUSTERMAN INTERNATIONAL CENTER 800 EIGHTH ST NW WASHINGTON, DC 20001-3742	11-3285824	501(C)(3)	10,000.				SEE PART IV, TYPE A
(3) HILLEL ACADEMY OF PITTSBURGH 5685 BEACON STREET PITTSBURGH, PA 15217	25-1067130	501(C)(3)	7,500.				SEE PART IV, TYPE A
(4) HILLEL THE FOUND. FOR JEWISH CAMPUS LIFE 55 LEXINGTON AVE 2-210 NEW YORK, NY 10010	20-4777751	501(C)(3)	12,700.				SEE PART IV, TYPE A
(5) HONEYMOON ISRAEL 6070 WHITEGATE XING EAST AMHERST, NY 14051	47-1291052	501(C)(3)	150,000.				SEE PART IV, TYPE C
(6) HOPE FOR HENRY FOUNDATION 2300 WISCONSIN AVE NW WASHINGTON, DC 20007	20-0244173	501(C)(3)	70,184.				SEE PART IV, TYPE A
(7) INTERFAITHFAMILY DC 90 OAK ST 4TH FL NEWTON, MA 02464	04-3577816	501(C)(3)	170,000.				SEE PART IV, TYPE D
(8) INTERNATIONAL RESCUE COMMITTEE, INC. 122 E 42ND ST NEW YORK, NY 10168	13-5660870	501(C)(3)	6,000.				SEE PART IV, TYPE A
(9) JCADA PO BOX 2266 ROCKVILLE, MD 20847	52-2259318	501(C)(3)	48,000.				SEE PART IV, TYPE A
(10) JCRC OF GREATER WASHINGTON 6101 EXECUTIVE BLVD ROCKVILLE, MD 20852	52-0214465	501(C)(3)	56,629.				SEE PART IV, TYPE A
(11) JEWISH ADOPTION & FOSTER CARE OPTIONS 4200 N UNIVERSITY DR SUNRISE, FL 33351	20-0898587	501(C)(3)	50,000.				SEE PART IV, TYPE A
(12) JEWISH AGENCY FOR ISRAEL 633 THIRD AVE 21ST FL NEW YORK, NY 10017	23-0053483	501(C)(3)	5,841.				SEE PART IV, TYPE A

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(1) JEWISH ASSOC FOR RESIDENTIAL CARE, INC. 21160 95TH AVE S BOCA RATON, FL 33428	65-1131701	501(C)(3)	25,000.				SEE PART IV, TYPE A
(2) JEWISH COALITION AGAINST DOMESTIC ABUSE 133 ROLLINS AVE #3 ROCKVILLE, MD 20852	52-2259318	501(C)(3)	49,719.				SEE PART IV, TYPE D
(3) JEWISH COMMUNITY CTR ASSOC. OF NORTH AMERIC 520 EIGHTH AVE 4TH FL NEW YORK, NY 10018	13-5599486	501(C)(3)	6,000.				SEE PART IV, TYPE A
(4) JEWISH COMMUNITY CENTER OF NORTHERN VA 8900 LTL RIVER TURNPIKE FAIRFAX, VA 22031	54-1145849	501(C)(3)	34,167.				SEE PART IV, TYPE B
(5) JEWISH COMMUNITY CENTER OF NORTHERN VA 8900 LTL RIVER TURNPIKE FAIRFAX, VA 22031	54-1145849	501(C)(3)	452,137.				SEE PART IV, TYPE D
(6) JEWISH COMMUNITY RELATIONS COUNCIL (JCRC) 6101 EXECUTIVE BLVD ROCKVILLE, MD 20852	52-0214465	501(C)(3)	603,013.				SEE PART IV, TYPE D
(7) JEWISH COUNCIL FOR THE AGING (JCA) 11820 PARKLAWN DR #200 ROCKVILLE, MD 20852	52-0983740	501(C)(3)	299,884.				SEE PART IV, TYPE D
(8) JEWISH COUNCIL FOR THE AGING OF GREATER WAS 12320 PARKLAWN DR ROCKVILLE, MD 20852	52-0983740	501(C)(3)	51,723.				SEE PART IV, TYPE B
(9) JEWISH FAMILY & COMMUNITY SVC OF SOUTHWEST 5025 CASTELLO DRIVE NAPLES, FL 34103	45-3980909	501(C)(3)	10,000.				SEE PART IV, TYPE A
(10) JEWISH FEDERATION OF NORTH AMERICA (JFNA) 25 BROADWAY, SUITE 1700 NEW YORK, NY 10004	13-1624240	501(C)(3)	3,459,555.				SEE PART IV, TYPE D
(11) JEWISH FEDERATION OF PALM BEACH COUNTY 4601 COMMUNITY DR W PALM BEACH, FL 33417	59-0948696	501(C)(3)	13,000.				SEE PART IV, TYPE A
(12) JEWISH FEDERATION OF SOUTH PALM BEACH COUNT 9901 DONNA KLEIN BVD BOCA RATON, FL 33428	59-1945109	501(C)(3)	14,940.				SEE PART IV, TYPE A

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(1) JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY #1700 NEW YORK, NY 10004-1010	13-1624240	501(C)(3)	815,984.				SEE PART IV, TYPE B
(2) JEWISH FOUNDATION FOR GROUP HOMES 1500 E JEFFERSON ST ROCKVILLE, MD 20852	52-1263608	501(C)(3)	63,353.				SEE PART IV, TYPE A
(3) JEWISH FOUNDATION FOR GROUP HOMES (JFGH) 1500 E JEFFERSON ST ROCKVILLE, MD 20852	52-1263608	501(C)(3)	198,104.				SEE PART IV, TYPE D
(4) JEWISH HISTORICAL SOCIETY OF GREATER WASHIN 701 4TH ST NW #200 WASHINGTON, DC 20001	52-6064549	501(C)(3)	30,000.				SEE PART IV, TYPE D
(5) JEWISH HISTORICAL SOCIETY OF GREATER WASHIN 701 4TH ST NW #200 WASHINGTON, DC 20001	52-6064549	501(C)(3)	27,062.				SEE PART IV, TYPE A
(6) JEWISH INSTITUTE FOR NATIONAL SECURITY AFFA 1307 NEW YORK AVE NW WASHINGTON, DC 20005	52-1233683	501(C)(3)	10,000.				SEE PART IV, TYPE A
(7) JEWISH PRIMARY DAY SCHOOL OF THE NATION'S C 6045 16TH STREET, NW WASHINGTON, DC 20011	52-2115715	501(C)(3)	169,956.				SEE PART IV, TYPE D
(8) JEWISH PRIMARY DAY SCHOOL OF THE NATION'S C 6045 16TH STREET NW WASHINGTON, DC 20011	52-2115715	501(C)(3)	13,355.				SEE PART IV, TYPE B
(9) JEWISH ROCKVILLE OUTREACH CONGREGATION 11304 OLD GEORGETOWN RD ROCKVILLE, MD 20852	20-4960168	501(C)(3)	6,000.				SEE PART IV, TYPE A
(10) JEWISH SOCIAL SERVICE AGENCY 6123 MONTROSE ROAD ROCKVILLE, MD 20852-4860	53-0196598	501(C)(3)	592,534.				SEE PART IV, TYPE B
(11) JEWISH SOCIAL SERVICE AGENCY (JSSA) 6123 MONTROSE ROAD ROCKVILLE, MD 20852	53-0196598	501(C)(3)	1,396,252.				SEE PART IV, TYPE D
(12) JEWISH THEOLOGICAL SEMINARY 3080 BROADWAY NEW YORK, NY 10027	13-0887640	501(C)(3)	7,189.				SEE PART IV, TYPE A

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(1) JEWISH WOMEN'S RENAISSANCE PROJECT 6101 EXEC BLVD #390 N BETHESDA, MD 20852	38-3852989	501(C)(3)	40,000.				SEE PART IV, TYPE A
(2) JEWISHCOLORADO 300 S. DAHLIA ST DENVER, CO 80246	01-0831698	501(C)(3)	7,744.				SEE PART IV, TYPE A
(3) JEWS UNITED FOR JUSTICE, INC. 1100 H ST NW #630 WASHINGTON, DC 20005	52-2346578	501(C)(3)	25,800.				SEE PART IV, TYPE A
(4) JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD #N2100 BALTIMORE, MD 21287	52-0595110	501(C)(3)	13,500.				SEE PART IV, TYPE A
(5) JTA INC. 24 W 30TH ST 4TH FL NEW YORK, NY 10001	13-0887610	501(C)(3)	10,000.				SEE PART IV, TYPE A
(6) KEMP MILL SYNAGOGUE 11910 KEMP MILL RD SILVER SPRING, MD 20902	52-1664121	501(C)(3)	6,940.				SEE PART IV, TYPE A
(7) KENYON COLLEGE 209 CHASE AVE GAMBIER, OH 43022-9623	31-4379507	501(C)(3)	25,000.				SEE PART IV, TYPE A
(8) KESHET 284 AMORY STREET JAMAICA PLAIN, MA 02130	48-1278664	501(C)(3)	22,750.				SEE PART IV, TYPE A
(9) KOL SHALOM 9110 DARNESTOWN ROAD ROCKVILLE, MD 20850	52-2349761	501(C)(3)	15,000.				SEE PART IV, TYPE A
(10) LANDER GRINSPOON ACADEMY 257 PROSPECT ST NORTHAMPTON, MA 01060	04-3304825	501(C)(3)	6,000.				SEE PART IV, TYPE A
(11) MACCABI USA 1511 WALNUT ST PHILADELPHIA, PA 19102	13-1810938	501(C)(3)	14,000.				SEE PART IV, TYPE A
(12) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 600 MEMORIAL DR W98-200 CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	25,000.				SEE PART IV, TYPE A

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(1) MELVIN J. BERMAN HEBREW ACADEMY 13300 ARCTIC AVE ROCKVILLE, MD 20853	53-0208371	501(C)(3)	123,827.				SEE PART IV, TYPE B
(2) MESORAH DC FOR YOUNG PROFESSIONALS 10612 WOODSDALE DR SILVER SPRING, MD 20901	13-4251165	501(C)(3)	22,000.				SEE PART IV, TYPE A
(3) MID-ATLANTIC INNOCENCE PROJECT 2000 H ST NW WASHINGTON, DC 20052	54-1993334	501(C)(3)	10,000.				SEE PART IV, TYPE A
(4) MIRIAM'S KITCHEN 2401 VIRGINIA AVE NW WASHINGTON, DC 20037	52-1331552	501(C)(3)	8,200.				SEE PART IV, TYPE A
(5) MOISHE HOUSE 441 SAXONY ROAD BARN 2 ENCINTAS, CA 92024	26-2599786	501(C)(3)	25,000.				SEE PART IV, TYPE D
(6) NATIONAL CONFERENCE SYNAGOGUE YOUTH 4001 CLARKS LANE BALTIMORE, MD 21215	13-5623717	501(C)(3)	5,720.				SEE PART IV, TYPE D
(7) NATIONAL GALLERY OF ART 2000 S CLUB DR LANDOVER, MD 20785	53-6001666	501(C)(3)	21,062.				SEE PART IV, TYPE A
(8) NATIONAL PHILHARMONIC 5301 TUCKERMAN LN NORTH BETHESDA, MD 20852	52-1361650	501(C)(3)	9,000.				SEE PART IV, TYPE A
(9) NCSY 11 BROADWAY NEW YORK, NY 10004	13-5623717	501(C)(3)	55,360.				SEE PART IV, TYPE B
(10) NEW ISRAEL FUND 6 E. 39TH ST. #301 NEW YORK, NY 10016	94-2607722	501(C)(3)	18,975.				SEE PART IV, TYPE A
(11) NFTY 46 BOWEN ROAD WARWICK, NY 10990-3910	13-1663143	501(C)(3)	14,200.				SEE PART IV, TYPE C
(12) NFTY MID ATLANTIC REGION 1 WEST 4TH STREET NEW YORK, NY 10012	13-1663143	501(C)(3)	7,440.				SEE PART IV, TYPE D

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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.

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

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) NICARAGUAN CHILDREN'S FRIENDSHIP COMMITTEE 223 TINGLEY ST SAN FRANCISCO, CA 94112	73-1682075	501(C)(3)	8,000.				SEE PART IV, TYPE A
(2) NORTH AMERICAN FOUND. FOR THE UNI OF MANCHE 16 MULBERRY CIR AYER, MA 01432	31-1598015	501(C)(3)	15,180.				SEE PART IV, TYPE A
(3) OHR KODESH CONGREGATION 8300 MEADOWBROOK LANE CHEVY CHASE, MD 20815	52-0613672	501(C)(3)	5,375.				SEE PART IV, TYPE A
(4) OHR KODESH CONGREGATION 8300 MEADOWBROOK LANE CHEVY CHASE, MD 20815	52-0613672	501(C)(3)	9,000.				SEE PART IV, TYPE D
(5) OPERATION EMBRACE FOUNDATION, INC. 350-C FORTUNE TER #209 POTOMAC, MD 20854	04-3652179	501(C)(3)	12,750.				SEE PART IV, TYPE A
(6) ORT AMERICA, INC 75 MAIDEN LANE FL 10 NEW YORK, NY 10038	13-5562969	501(C)(3)	19,136.				SEE PART IV, TYPE A
(7) P.E.F. ISRAEL ENDOWMENT FUNDS INC. 630 THIRD AVE #1501 NEW YORK, NY 10017	13-6104086	501(C)(3)	108,646.				SEE PART IV, TYPE A
(8) PALM BEACH ORTHODOX SYNAGOGUE, INC. 120 N COUNTY RD PALM BEACH, FL 33480	65-0478910	501(C)(3)	47,050.				SEE PART IV, TYPE A
(9) PARKINSON'S ACTION NETWORK FOUNDATION 1025 VERMONT AVE NW WASHINGTON, DC 20005	94-3172675	501(C)(3)	16,050.				SEE PART IV, TYPE A
(10) PRO MUSICA HEBRAICA 1225 19TH STREET, NW WASHINGTON, DC 20036	20-0201189	501(C)(3)	163,600.				SEE PART IV, TYPE A
(11) PROJECT INTERCHANGE - AN INS. OF THE AMERIC 1156 15TH ST NW #1201 WASHINGTON, DC 20005	52-1576358	501(C)(3)	11,531.				SEE PART IV, TYPE A
(12) ROUND HOUSE THEATRE, INC. 7501 WISCONSIN AVENUE BETHESDA, MD 20814	52-1289737	501(C)(3)	35,723.				SEE PART IV, TYPE A

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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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

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) SASHA BRUCE YOUTHWORK 745 8TH STREET SE WASHINGTON, DC 20003	52-1006486	501(C)(3)	6,000.				SEE PART IV, TYPE A
(2) SAVE A CHILD'S HEART FOUNDATION, US INC. 10050 CHAPEL ROAD POTOMAC, MD 20854	52-1783323	501(C)(3)	17,711.				SEE PART IV, TYPE A
(3) SETON HALL UNIVERSITY 400 S ORANGE AVE SOUTH ORANGE, NJ 07079	22-1500645	501(C)(3)	25,000.				SEE PART IV, TYPE A
(4) SHAARE TORAH 1409 MAIN STREET GAITHERSBURG, MD 20878	52-1960913	501(C)(3)	8,000.				SEE PART IV, TYPE D
(5) SIBLEY MEMORIAL HOSPITAL FOUNDATION 5255 LOUGHBORO ROAD WASHINGTON, DC 20016	45-0562642	501(C)(3)	17,000.				SEE PART IV, TYPE A
(6) SIDWELL FRIENDS SCHOOL 3825 WISCONSIN AVE, NW WASHINGTON, DC 20016	53-0196519	501(C)(3)	55,000.				SEE PART IV, TYPE A
(7) SIGNATURE THEATRE 4200 CAMPBELL AVENUE ARLINGTON, VA 22206	62-1417785	501(C)(3)	5,270.				SEE PART IV, TYPE A
(8) SIXTH AND I SYNAGOGUE, INC. 600 I STREET NW WASHINGTON, DC 20001-3736	33-1036146	501(C)(3)	9,950.				SEE PART IV, TYPE A
(9) SMITHSONIAN INSTITUTION 1000 JEFFERSON DR SW WASHINGTON, DC 20560	53-0206027	501(C)(3)	17,000.				SEE PART IV, TYPE A
(10) SO WHAT ELSE 1 PRESERVE PKY #150 ROCKVILLE, MD 20852	27-1219231	501(C)(3)	25,000.				SEE PART IV, TYPE A
(11) SUNFLOWER BAKERY 8507 ZIGGY LANE GAITHERSBURG, MD 20877-4107	26-2797556	501(C)(3)	31,180.				SEE PART IV, TYPE A
(12) SYRACUSE UNIVERSITY 900 SOUTH CROUSE AVENUE SYRACUSE, NY 13244	15-0532081	501(C)(3)	22,654.				SEE PART IV, TYPE A

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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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

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) TAHIRIH JUSTICE CENTER 6402 ARLINGTON BLVD FALLS CHURCH, VA 22042	54-1858176	501(C)(3)	13,000.				SEE PART IV, TYPE A
(2) TEMPLE SINAI 3100 MILITARY RD NW WASHINGTON, DC 20015	53-0231513	501(C)(3)	5,565.				SEE PART IV, TYPE A
(3) THE BACKSTORYGROUP LTD. 8715 LIBERTY LANE POTOMAC, MD 20854	47-2450123	501(C)(3)	15,000.				SEE PART IV, TYPE A
(4) THE ESPERANZA EDUCATION FUND PO BOX 27507 WASHINGTON, DC 27507	26-4035461	501(C)(3)	15,000.				SEE PART IV, TYPE A
(5) THE GOOD PEOPLE FUND 384 WYOMING AVENUE MILLBURN, NJ 07041	26-1887249	501(C)(3)	21,000.				SEE PART IV, TYPE A
(6) THE JERUSALEM FOUNDATION 420 LEXINGTON AVE #1645 NEW YORK, NY 19170	13-2583745	501(C)(3)	10,000.				SEE PART IV, TYPE A
(7) THE JEWISH NATIONAL FUND 2 RESERVOIR CR #203 PIKESVILLE, MD 21208	13-1659627	501(C)(3)	9,676.				SEE PART IV, TYPE A
(8) THE JEWISH STUDIO 10921 CANDLELIGHT LANE POTOMAC, MD 20854	47-2085264	501(C)(3)	9,570.				SEE PART IV, TYPE A
(9) THE JFK CTR FOR THE PERFORMING ARTS 2700 F ST. NW WASHINGTON, DC 20566-0001	53-0245017	501(C)(3)	25,531.				SEE PART IV, TYPE A
(10) THE RESOURCE FOUNDATION 237 W 35TH ST #1203 NEW YORK, NY 10001	13-3421446	501(C)(3)	6,200.				SEE PART IV, TYPE A
(11) THE SHAKESPEARE THEATRE 516 EIGHTH STREET, SE WASHINGTON, DC 20003	52-1405988	501(C)(3)	60,000.				SEE PART IV, TYPE A
(12) THE UNIVERSITY OF IOWA FOUNDATION 1 W. PARK RD IOWA CITY, IA 52244	42-0796760	501(C)(3)	20,275.				SEE PART IV, TYPE A

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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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

Employer identification number
53-0212445

Part I General Information on Grants and Assistance

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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 WOMENS LAW CENTER OF MARYLAND, INC. 305 W CHESAPEAKE AV #201 TOWSON, MD 21204	52-1238912	501(C)(3)	70,000.				SEE PART IV, TYPE A
(2) TORAH SCHOOL OF GREATER WASHINGTON 2010 LINDEN LANE SILVER SPRING, MD 20910	52-1874788	501(C)(3)	11,003.				SEE PART IV, TYPE B
(3) TORAH SCHOOL OF GREATER WASHINGTON 2010 LINDEN LANE SILVER SPRING, MD 20910	52-1874788	501(C)(3)	174,080.				SEE PART IV, TYPE D
(4) UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501(C)(3)	5,118.				SEE PART IV, TYPE A
(5) UNITED STATES HOLOCAUST MEMORIAL COUNCIL 100 R WALLENBERG PL SW WASHINGTON, DC 20024	52-1309391	501(C)(3)	68,223.				SEE PART IV, TYPE A
(6) UNITED SYNAGOGUE YOUTH SEABOARD REGION 2200 BALTIMORE ROAD ROCKVILLE, MD 20851	13-1659707	501(C)(3)	7,440.				SEE PART IV, TYPE D
(7) UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVE W HARTFORD, CT 06117	06-0731360	501(C)(3)	10,000.				SEE PART IV, TYPE A
(8) UMD - HILLEL FOUNDATION FOR JEWISH CAMPUS 7612 MOWATT LANE COLLEGE PARK, MD 20740	52-0749507	501(C)(3)	37,686.				SEE PART IV, TYPE E
(9) UMD COLLEGE PARK FOUNDATION 4603 CALVERY RD COLLEGE PARK, MD 20740	52-2197313	501(C)(3)	59,500.				SEE PART IV, TYPE A
(10) UNIVERSITY OF MARYLAND HILLEL 7612 MOWATT LANE COLLEGE PARK, MD 20740	52-0749507	501(C)(3)	47,036.				SEE PART IV, TYPE A
(11) UNIVERSITY OF VIRGINIA - HILLEL JEWISH CENT 1824 UNIV CR CHARLOTTESVILLE, VA 22903	54-6061871	501(C)(3)	17,273.				SEE PART IV, TYPE E
(12) VIRGINIA TECH - HILLEL P.O. BOX 708 BLACKSBURG, VA 24063	90-0406012	501(C)(3)	17,273.				SEE PART IV, TYPE E

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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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

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) WASHINGTON HEBREW CONGREGATION 3935 MACOMB ST NW WASHINGTON, DC 20016	53-0196646	501(C)(3)	30,925.				SEE PART IV, TYPE A
(2) WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1828 L STREET, NW WASHINGTON, DC 20036	52-1376034	501(C)(3)	10,000.				SEE PART IV, TYPE A
(3) WASHINGTON PERFORMING ARTS SOCIETY 2000 L STREET, NW WASHINGTON, DC 20036	52-6062439	501(C)(3)	5,409.				SEE PART IV, TYPE A
(4) WASHINGTON UNIVERSITY 1 BROOKINGS DR. SAINT LOUIS, MO 63130-9989	43-0653611	501(C)(3)	50,000.				SEE PART IV, TYPE A
(5) WETA 3939 CAMPBELL AVENUE ARLINGTON, VA 22206	53-0242992	501(C)(3)	6,627.				SEE PART IV, TYPE A
(6) WOMEN FOR WOMEN INTERNATIONAL 2000 M ST NW #200 WASHINGTON, DC 20036	52-1838756	501(C)(3)	10,250.				SEE PART IV, TYPE A
(7) WORLD UNION FOR PROGRESSIVE JUDAISM 633 THIRD AVE 7TH FL NEW YORK, NY 10017	13-1930176	501(C)(3)	40,000.				SEE PART IV, TYPE A
(8) YALE UNIVERSITY 157 CHURCH ST. NEW HAVEN, CT 06510	06-0646973	501(C)(3)	14,000.				SEE PART IV, TYPE A
(9) YESHIVA OF GREATER WASHINGTON 2010 LINDEN LANE SILVER SPRING, MD 20910	52-1106842	501(C)(3)	178,459.				SEE PART IV, TYPE B
(10) YESHIVA OF GREATER WASHINGTON 2010 LINDEN LANE SILVER SPRING, MD 20910	52-1106842	501(C)(3)	91,611.				SEE PART IV, TYPE D
(11) YOUNG JUDAEA GLOBAL 575 8TH AVENUE NEW YORK, NY 10018	45-2640858	501(C)(3)	10,000.				SEE PART IV, TYPE A
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 166.

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) (2015)

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

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.

BE MADE IN WRITING AND APPROVED BY A LAY COMMITTEE OF THE FEDERATION.

SCHEDULE I, PART II, COLUMN H

PURPOSE OF GRANT OR ASSISTANCE:

TYPE DESCRIPTION

A - UJEF GRANTS FROM DAF

B - UJEF GRANTS FROM DAF AND ENDOWMENTS

C - UJEF GRANTS FROM ENDOWMENTS

D - JFGW - COMMUNAL SUPPORT

E - JFGW - JEWISH EDUCATION SUPPORT

**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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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

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

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEVEN A. RAKITT EXECUTIVE VP & CEO	(i)	425,200.	0.	62,250.	13,125.	7,121.	507,696.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 EILEEN FRAZIER CHIEF OPERATING OFFICER	(i)	225,000.	9,000.	3,011.	11,747.	0.	248,758.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 AVITAL INGBER CHIEF DEVELOPMENT OFFICER	(i)	215,000.	8,600.	1,289.	11,226.	6,902.	243,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 STACYE N. ZEISLER CHIEF MARKETING OFFICER	(i)	142,610.	5,800.	948.	7,454.	0.	156,812.	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)							

Part III Supplemental Information

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

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

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	8,600,228.							
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	8,471,021.							
11 Other spent proceeds	12,539.							
12 Other unspent proceeds								
13 Year of substantial completion	2014							
	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						

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

Part III Private Business Use (Continued)	COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTH							
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d 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?								
4 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 ▶								
5 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 ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 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
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	PNC BANK, N.A.							
c Term of hedge	15.100							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

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

PART I:

(A) ISSUER NAME - COLORADO EDUCATIOINAL AND CULTURAL FACILITES 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 THE CONSTRUCTION OF THE
PROJECT IN THE AMOUNT OF \$189.00.

PART IV, LINE 6:

AFTER 13 MONTHS, LESS THAN \$13,000 OF PROCEEDS OF THE BONDS REMAINED ON
THE ACCOUNT IN THE COSTS OF ISSUANCE ACCOUNT. SUCH PROCEEDS WERE HELD IN
A MONEY MARKET FUND AND HAVE SINCE BEEN EXPENDED.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

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.**

▶ **Information about Schedule L (Form 990 or 990-EZ) 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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	CEO			RELOCATION		X	75,000.	75,000.	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 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) 2015

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: EMPLOYEE-EXECUTIVE VICE PRESIDENT AND
CEO

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**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.

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	283 .	6,836,557 .	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** 1 .

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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	
32a 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) (2015)

JSA

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, COLUMN (B)

AMOUNT REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

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

2015

**Open to Public
Inspection**

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

Employer identification number
53-0212445

FORM 990, PART VI, SECTION A, LINE 2

PAUL BERGER/MERYL ROSENBERG-FAMILY RELATIONSHIP, EVA DAVIS AND RON
KABRAN-FAMILY RELATIONSHIP, PETER FEDEROWICZ AND MARK LEVITT-FAMILY
RELATIONSHIP, SUSAN AND MICHAEL GELMAN-FAMILY RELATIONSHIP, NEIL GURVITCH
HAS BUSINESS RELATIONSHIPS WITH SEVERAL BOARD MEMBERS IN HIS CAPACITY AS
THEIR ATTORNEY, NELSON BLITZ HAS BUSINESS RELATIONSHIPS WITH A BOARD
MEMBER IN HIS CAPACITY AS THEIR ATTORNEY, SAMUEL AND LESLIE KAPLAN FAMILY
RELATIONSHIP, ALAN MELTZER HAS BUSINESS RELATIONSHIPS WITH BOARD MEMBERS
IN HIS CAPACITY AS THEIR LIFE INSURANCE PROVIDER/ BUISNESS RELATIONSHIP
AS JFGW'S HEALTH INSURANCE PROVIDER AND PROVIDER OF PENSION SERVICES,
STEFAN TUCKER/MIKE FLYER/RON GLANCZ ARE BUISNESS PARTNERS, EDWARD AND
IRENE KAPLAN FAMILY RELATIONSHIP, PHILIP MARGOLIUS-FAMILY RELATIONSHIP.
PHILIP MARGOLIUS 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

BOARD ELECTS EXECUTIVE COMMITTE, 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.

Employer identification number
53-0212445

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.	Employer identification number 53-0212445
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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 53-0212445
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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 XI, LINE 9:

OTHER CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST	\$ -925,029
RECOVERY OF BAD DEBT EXPENSES	1,385,460
PROVISION FOR UNCOLLECTIBLE PROMISES TO GIVE	-727,231
PENSION RELATED CHANGES	-1,660,537
UNREALIZED LOSS ON SWAPS	-773,073
OTHER	-29,280
ROUNDING	2
TOTAL OTHER CHANGES IN NET ASSETS	\$-2,729,688

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.

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

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

Employer identification number
53-0212445

ATTACHMENT 1 (CONT'D)

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

STRENGTHEN JEWISH IDENTITY; TO CREATE CONNECTIONS AMONG JEWS LOCALLY,
IN ISRAEL, AND AROUND THE WORLD.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ALLOCATION TO BENEFICIARY AGENCIES: THE JEWISH FEDERATION OF
GREATER WASHINGTON SUPPORTS 34 LOCAL AGENCIES, 14 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 RESPONSIBILITY TO CARE FOR THE VULNERABLE IN
OUR COMMUNITY AND AROUND THE WORLD. 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

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

Employer identification number
53-0212445

ATTACHMENT 2 (CONT'D)

SOLIDARITY WITH ONE ANOTHER IS CELEBRATED THROUGH OUR SHARED
CULTURE, IDENTITY, AND COMMITMENT TO ONE ANOTHER.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

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 EXPERIENCE AND ENJOY JEWISH CULTURE AND
TRADITION IN OUR COMMUNITY. 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 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

Name of the organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	Employer identification number 53-0212445
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ATTACHMENT 3 (CONT'D)

THERE TO SUPPORT AND ENHANCE JEWISH LIFE FOR EVERYONE IN GREATER
WASHINGTON.

ATTACHMENT 4990, 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	443,680.
SECTEK 1930 ISAAC NEWTON SQUARE #100 RESTON, VA 20190	GUARD SERVICES	179,860.
ADAMSON GALLERY 1515 14TH STREET NW., SUITE 301 WASHINGTON, DC 20005	ARTWORK/LIGHT/LABOR	167,860.
EU SERVICES 649 NORTH HORNERS LANE ROCKVILLE, MD 20850	DIRECT MAIL SERVICES	155,301.
HAROLD GRINSPOON FOUNDATION 67 HUNT STREET, SUITE 100 AGAWAM, MA 01001	SUBSCRIPTION SVCS	105,485.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
53-0212445

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 BUILDING LLC 80-0898436 6101 EXECUTIVE BLVD #100 NORTH BETHESDA, MD 20852	OPERATE BLDG.	MD	1,823,146.	19,143,821.	SEE PART VII
(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) JOSEPH AND ALMA GILDENHORN FOUNDATION 52-1487633 6101 EXECUTIVE BLVD #100 NORTH BETHESDA, MD 20852	SEE PART VII	DC	501(C)(3)	11B	SEE PART VII		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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 sections 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)													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART I, COLUMN (F)

JFGW BUILDING LLC

DIRECT CONTROLLING ENTITY: THE JEWISH FEDERATION OF GREATER WASHINGTON,
INC.

PART II

GILDENHORN FOUNDATION

COLUMN (B): PRIMARY ACTIVITY: ONGOING SUPPORT OF JEWISH COMMUNITY
CAUSES.

COLUMN (F): DIRECT CONTROLLING ENTITY: THE JEWISH FEDERATION OF GREATER
WASHINGTON, INC.

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	Employer identification number (EIN) or 53-0212445
	Number, street, and room or suite no. If a P.O. box, see instructions. 6101 EXECUTIVE BLVD STE 100 100	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORTH BETHESDA, MD 20852	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ISABELLA YUSIMOVA

- The books are in the care of ► 6101 EXECUTIVE BOULEVARD, SUITE 100 NORTH BETHESDA, MD 20852

Telephone No. ► 301 230-7200 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20__ or
- tax year beginning 07/01, 2015, and ending 06/30, 2016.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	Employer identification number (EIN) or 53-0212445
	Number, street, and room or suite no. If a P.O. box, see instructions. 6101 EXECUTIVE BLVD, STE 100	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORTH BETHESDA, MD 20852	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

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

• The books are in the care of ISABELLA YUSIMOVA
6101 EXECUTIVE BOULEVARD, SUITE 100 NORTH BETHESDA, MD 20852
Telephone No. 301 230-7200 Fax No.

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

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

4 I request an additional 3-month extension of time until 05/15, 20 17 .

5 For calendar year _____, or other tax year beginning 07/01, 20 15, and ending 06/30, 20 16 .

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

7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification must be completed for Part II only.

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

Signature Joyce Underwood Title CPA Date 1/23/2017