	rtment	90 of the Treasur	Return of Org Under section 501(c), 527, or ► Do not enter Soci ► Information about	· 4947(a)(1) al Security	of the Int numbers	ernal Reve on this form	nue Code (e n as it may b	except be made	private founda e public.	ations)	OMB No. 1549 201 Open to Pu Inspectio	7 ublic
AF	or th	e 2017 c	llendar year, or tax year beginnin	g	07/	01, 2017,	and endin	g		06/	′30 <b>,20</b> 18	
_			ame of organization THE JEWISH F	EDERATI	ON OF	GREATER		_	D Employer ic	lentifica	tion number	
<b>B</b> c	heck if ap	oplicable:	VASHINGTON, INC.									
	Addre		oing Business As						53-021	2445		
	1		umber and street (or P.O. box if mail is not o	delivered to str	reet address	;)	Room/suite		E Telephone r	number		
	Initial	return	5101 EXECUTIVE BLVD				100		(301) 23	80-72	200	
	Term	inated	ity or town, state or province, country, and 2	IP or foreign	postal code	·						
	Amer		NORTH BETHESDA, MD 20852	2					G Gross receip	ots \$	95,160,	537.
	Applie pendi	cation <b>F</b> I	ame and address of principal officer:	GIL PRE	USS				H(a) Is this a gro subordinate		for Yes	X No
	-	-	SAME AS C ABOVE						H(b) Are all subor		luded? Yes	No
<u> </u>		empt status	(-/(-/	<ul> <li>(insert)</li> </ul>	no.)	4947(a)(1) c	or 527	7	If "No," atta	ich a list.	(see instructions)	
J	Websi	ite: 🕨 WW	N.SHALOMDC.ORG						H(c) Group exen	nption nur	mber 🕨	
К	Form	of organizat	on: X Corporation Trust Ass	ociation	Other 🕨		L Year of	format	ion: 1948 M	State o	f legal domicile:	MD
Pa	art I	Summ										
	1		scribe the organization's mission or mo								VIBRANT	
Ce			LIFE IN A CHANGING WOR					ITY_	IN COMMON	1		
Governance			E, INTENTIONAL INNOVATI									
ovel			s box 🕨 🔄 if the organization disco		•	•				1 1		100
Ŭ	3		f voting members of the governing bod							3		$\frac{128.}{100}$
es 2	4		f independent voting members of the g							4		126. 93.
Activities &			ber of individuals employed in calenda							5	0	<u>93.</u> 514.
Acti			ber of volunteers (estimate if necessary							6		$\frac{514}{,944}$ .
			lated business revenue from Part VIII, c							7a		,944. ,497.
	D	Net unrei	ted business taxable income from Forr	n 990-1, line	934			<u></u>	Prior Year	7b	Current Yea	
	•	Contribut	and grants (Dort )/III line (1h)						42,670,5	3.0	29,716	
ne	8 9	Drogrom	ons and grants (Part VIII, line 1h)			COPY	r for		12,070,5	0.	20,710,	010.
Revenue	9 10	Invoctmo	ervice revenue (Part VIII, line 2g) t income (Part VIII, column (A), lines 3,	4 and 7d)	• • • • •	PUBLIC IN	ISPECTION		5,779,7		14,069	
Re	11		enue (Part VIII, column (A), lines 5, 6d,						-168,6		-195	
	12		nue - add lines 8 through 11 (must equ						48,281,6		43,591	
	13		d similar amounts paid (Part IX, column						19,349,5		20,184	
	14		aid to or for members (Part IX, column		•/					0.		0.
s			other compensation, employee benefits		lumn (A). I	ines 5-10)			6,915,0	12.	6,724,	,633.
Expenses			nal fundraising fees (Part IX, column (A)						39,0	19.	38	,113.
be			raising expenses (Part IX, column (D), I			712,330						
Ш			enses (Part IX, column (A), lines 11a-11						3,456,84	47.	3,701	,110.
	18		nses. Add lines 13-17 (must equal Par						29,760,4	J7.	30,648,	,502.
	19	Revenue	ess expenses. Subtract line 18 from line	e 12					18,521,20	57.	12,942,	,685.
t Assets or d Balances									ning of Current		End of Year	
set	20	Total ass	ts (Part X, line 16)					2	44,682,1		258,959,	
dB	21	Total liab	ities (Part X, line 26)						68,712,3		69,045,	
	22		or fund balances. Subtract line 21 from	m line 20			<u></u>	1	.75,969,8	30.	189,914,	<u>,904</u> .
	rt II	•	ure Block									
Une	der pei e, corre	nalties of pe ect, and com	rjury, I declare that I have examined this re plete. Declaration of preparer (other than offi	turn, includin cer) is based	g accompa on all inforr	nying schedu nation of whic	les and statem ch preparer has	nents, a s any kr	nd to the best on the best of	of my kr	nowledge and beli	ief, it is
Sig		Sig	ature of officer						Date			
Не	re	GI	PREUSS			CEO						
		Тур	or print name and title									
		Print/Typ	preparer's name Pre	parer's signat	ture		Date		Check	if P1	ΓIN	
Paic		JOYCE	UNDERWOOD (	byce U	Inder	wood	5/15/201	9	self-employ	/ed I	200022361	
	parer Only	Firm's na	ne 🕨 BDO USA, LLP	1					Firm's EIN 🕨	13-5	381590	
		Firm's add							Phone no.		893-0600	
Мау	the I	RS discus	this return with the preparer shown ab	ove? (see in	structions	)	<u></u>	<u></u>			X Yes	No
			uction Act Notice, see the separate in								Form <b>990</b>	(2017)

THE	JEWISH	FEDERATION	OF	GREATER

For	m 990 (201	7)						Page <b>2</b>
Pa	art III		t of Program Se					<b>—</b>
1	Brieflyd		organization's m		or note to any line in t	his Part III	<u> </u>	X
•		CHMENT		1551011.				
2							ere not listed on the	
								Yes X No
3			iese new services			e in how it con	ducts, any progran	0
3								Yes X No
			ese changes on S					· · · · · ·
4								ces, as measured by
							ount of grants and	allocations to others,
	the total	expenses,	and revenue, il a	ny, for each prog	ram service reported	J.		
42	(Code:		) (Expenses \$	20 184 646 in	cluding grants of \$	20 194 646 )	(Revenue \$	0.)
τa		CHMENT		20,184,846.		20,104,040.		)
			4					
4b	(Code:		) (Expenses \$	3,738,090. <b>in</b>	cluding grants of \$	o. )	(Revenue \$	0.)
	ATTA	CHMENT	3					
4c	(Code: _		_) (Expenses \$	in	cluding grants of \$ _	)	(Revenue \$	)
<u></u>	Othor	oarom as-	vione (Deserites in	Sebedule O )				
4 <b>d</b>	(Expense	-	vices (Describe in includi	ng grants of \$	) (0	evenue \$	)	
4e			ice expenses ►	23,922			)	
JSA		3 0014		- ,	-			Form <b>990</b> (2017)
1 = 1	020 1.000 1378	BIT L43V	7					PAGE (

Form 9	90 (2017)		F	age <b>3</b>
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C,			
	Part III.	5		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? If			
	"Yes," complete Schedule D, Part I.	6	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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		37	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		37	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
4.5	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-	v	
4.5	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		37	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
	If "Yes," complete Schedule G, Part III	19		X

Form 99	00 (2017)		F	Page <b>4</b>
Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		v	
	employees? If "Yes," complete Schedule J.	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-	х	
Ь		24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	21	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
zJa		25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
N N	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		х
20	Part I.	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
54	or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	

Page 5

Check if Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V         1a Enert the number of Forms V-26 Included in the 12. Enter-0- into applicable.       1b       0.         0       0       0.       0.         2 Berter the number of amply-was reported on Form VV-3. Transmitial of Wage and Tax.       2a       93         2 Enter the number of amply-was reported on Form VV-3. Transmitial of Wage and Tax.       2a       93         3 D I the asson of the stand of 2 as greater than 250, your may be required to 4/th (see instruction).       3a       X         3 D I the organization have uncleated business grose income of \$1,000 or more during the year?       3a       X         3 D I the organization have uncleated business grose income of \$1,000 or more during the year?       3b       X         4 At any time during the calendary yar, did the organization the an interest an, or a signature or other authority over, a financial accountry in a forsign country (such as a bark account, securities account, or other financial accountry in the organization have annual grose receipts that are normally greater than \$10,000, and did the organization include with every solicitation ant explores browled?       5a       X         3 D I ''vs'' in the organization include with every solicitation and explores provided?       7c       X         4 I ary time is a organization action of the dorganization include scharitable contributions of fill regrose acount busins of author actiona	Par				
1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.       Image: The number of Forms W-20 included in line 1a. Enter -0- if not applicable.       Image: The number of Forms W-20 included in line 1a. Enter -0- if not applicable.       Image: The number of Forms W-20 included in line 1a. Enter -0- if not applicable.       Image: The number of Forms W-20 included in line 1a. Enter -0- if not applicable.       Image: The number of Porms W-20 included in line 1a. Enter -0- if not applicable.       Image: The number of Porms W-20 included in line 1a. Enter -0- if not applicable.       Image: The Number Of Porms W-20 included in line 1a. Enter -0- if not applicable.       Image: The Number Of Porms W-20 included in line 1a. Enter -0- if not applicable.       Image: The Number Of Porms W-20 included in line 1a. Enter -0- if not applicable.       Image: The Number Of Porms W-20 included in line 1a. Enter -0- if not applicable.       Image: The Number Of Porms W-20 included in line 1a. Enter -0- if not applicable.       Image: The Number Of Porms W-20 included in line 1a. Enter -0- if not applicable.       Image: The Number Of Porms W-20 included in line 1a. Enter -0- if not applicable.       Image: The Number Of Porms W-20 included in line 1a. Enter -0- if not applicable.       Image: The Number Of Porms W-20 included in line 1a. Enter -0- if not applicable in the undired were -0 in line 2a. doi: 10.000 row of the organization has a porm BO-10 in line 2a. doi: 10.000 row of the organization applicable.       Image: The Number Of Porms W-20 in line 2a. doi: 10.000 row of the same and in line 2a. doi: 10.000 row of the organization and express statement that such contributions reset in the analyticable applicable.       Image: The Number Of Porms 2a. doi: 10.000 row of the value of the podds reset		Check if Schedule O contains a response or note to any line in this Part V		 	
1ab the number of Forms W-20 included in the 1a. Enc - 0 in hot applicable				Tes	NO
b       Element in traininged or Youns Yr 20 Michaele mine solve of more than to expend the solve of the sol			-		
reportable gaming (gambling) winnings to prize winners?       1c       x         2a Enter the number of employees reported on Form W/3. Transmittal of Wage and Tax       2a       53         b If at least one is reported on line 2a, did the organization file all required to <i>effe</i> (see instructions).       53       2b       x         3a Dd the organization have unrelisted business gross income of \$1.000 or more during the year?       3a       3a       x         3b If Yes?, this file of Form 990-To this year of H more business gross income of \$1.000 or more during the year?       3a       X         3a Dd the organization have unrelisted business gross income of \$1.000 or more during the year?       3a       X         4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial accounts (FBAR).       3b       X         5a Was the organization a party to a prohibited tax sheter transaction at any time during the tax year?       5a       X         5a Does the organization neithy the organization that it was transcring a sprohibited tax sheter transaction at any time during the tax year?       5a       X         5a Does the organization neithy the organization that was a contributions?       5a       X         5a Did strate organization neithy the organization account at adjuticity each accounts?       5a       X         5a Does the organization neithy the organization have an an agroxore is a party to a prohibited tax shetler transaction?		Enter the humber of Porns W-20 included in the Ta. Enter -0- in hot applicable.	-		
2a Enter the number of employees reported on Form W-3. Transmital of Wage and Tax       2a       53         b If at least one is reported on line 2a, did the organization file all required fedral employment tax returnes?       2b       X         3a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X       3a         34 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.       3a       X         35 Was the organization have annel set on the set and the set in, or a signature or other authority over, a financial account in a foreign country.       4a       X         36 If 'Yes,' enter the name of the foreign country.	C		1c	х	
Statements, filed for the calendar year ending with or within the year covered by this return.       [26]       93         b If at least one is reported on line 2, at different ending of the sequence of the sequ	2a				
b If at least one is reported on line 2a, did the organization file all required fedral employment tax returns?       2b       X         3a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         34 At any time during the organization have unrelated business gross income tax polarization in Schedule 0.       3a       X         4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.       X       3b       X         5c in the during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.       X       X         5c in the organization approximation tax belter transaction at any time during the tax year?       5a       X         5a Was the organization have annuel gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions ?       5a       X         5a U's to line 6a or 5b, did the organization the vare nort ax deductible a charitable contributions?       6b       X         6a organization shet any crecive deductible contribution and express statement that such contributions or gifts were not tax deductible accharity or prohibited tax shelter transaction?       6b       X         7 Organization state any contributions that were not tax deductible accharity or which it was are requined to file Form 8282?       7b	24				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e/file (see instructions)	b		2b	Х	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	-				
b If 'Yes,' has it fied a Form 990-T for this year? If 'No' to <i>ine 3b, provide an explanation in Schedulo</i> 0,, 3b X       3b X         4a At any time during the calendar year, did the organization have an interest in, or a signature or other subhority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).       4a X         b If 'Yes,' enter the name of the foreign country. ►       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a X         5b D ax       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a Was the organization a party to a prohibited tax shelter transaction?       5a X         5b D ax       See instructions optic any contributions that were not tax deductible accharitable contributions?       5a X         5a D ax       See instructions for than any receive deductible contributions and express statement that such contributions or gifts were not tax deductible?       5a X         7b If 'Yes,' indicate the number of Forms 8282 lied during the year?       7a X       7b X         7b Id the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a X       7c X         7b Id the organization neceive any Idna', intelecutely copy apy remums on a personal ben	3a		3a	Х	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a       x         b If "Yes," enter the name of the foreign country. >       >       >       x       x         b If "Yes," enter the name of the foreign country. >       >       >       x       x         b If "Yes," enter the name of the foreign country. >       >       >       x       x         b If "Yes," enter the name of the foreign country. >       >       >       x       x         b Did any taxable party notify the organization file Form 8866-T?.       5a       x       x       b       x       x         c B Does the organization nature annual gross receipts that are normally greater than \$100,000, and dit the organization include with every solicitation an express statement that such contributions of gifts were not tax deductible?       x       6b       x         b If "Yes," did the organization motify the donor of the value of the gods or services provided?       7b       X       x         c Did the organization notify the donor of the value of the gods or services provide?       7d       x       x         d If "Yes," did the organization motify the donor of the value of the gods or services provide?       7d       x       x         c Did the organization secle			3b	Х	
account)?       4a       X         b If "Yes," enter the name of the foreign country: b       5e       5e       X         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X       X       5a       X       X       5a       X       X       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X       X       See instructions of the organization hat it was or is a party to a prohibited tax shelter transaction?       5a       X       Se       See instructions of the organization file Form 8886-T?.       5a       X       Se       See instructions that was on us a gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or glits were not tax deductible?       See instructions of grits were not tax deductible?       See instruction and party for goods and services provided to the payor?       Fa       X       To Granization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided?       To X       To X<					
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(FEAR),       5a       Xa       5a       Xa         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	b	If "Yes," enter the name of the foreign country: >			
5a       Xas the organization a party to a prohibited tax shelter transaction?       5a       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c If "Yes" to line 5a or 5b, did the organization file Form 8886-17.       5c       5c         c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?       7a       X         7 Organizations that may receive deductible contributions under section 170(c).       6b       7a       X         a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X       7b       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X       7c       X         f Ude organization receive a ony funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X       7g       7t       X         g It the organization mate any taxies divised funds.       Did due organization mate any taxies divised funds.       Sponsoring organizations ma		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
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b Dot any taxable party function that we promote the provided tax shelles instandard in the provided to the payor? <b>5c 5c</b> c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <b>7a X</b> c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <b>7c 7d</b> c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <b>7f X</b> f Tves, 'indicate the number of Forms 8282 filed during the year. <b>7d 7g</b> f Did the organization receive a contribution of qualified intellectual property, did the organization free form 8282 metatore. <b>7f X</b> f If the organization received a contribution of davised funds.          Did the organization maintaining door advised funds. <b>9a X</b> g Soponsoring organization maintaining door advised funds. <b>10a 10a</b>					
6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       x         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6b         7       Organizations that may receive deductible contributions under section 170(c).       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         7       Drid the organization solit, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       x         7       Did the organization receive any puties, directly to indirectly, to pay premiums on a personal benefit contract?       7t       X         9       Did the organization received a contribution of qualified intellectual property, did the organization feel a contribution of acra, basis, airplanes, or other vehicles, did the organization feel a contribution of acra, basis, airplanes, or other vehicles, did the organization feel a contribution of acra, basis, airplanes, or other vehicles, did the organization mate any taxable distributions under section 4966?       9a       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Sponsoring organization make a distribution to a donor, donor advised funds.       9a<					
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bil "Yes," did the organization include with every solicitation an express statement that such contributions of the organization include with every solicitation an express statement that such contributions of the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	6a		62		x
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7       Organizations that may receive deductible contributions under section 170(c).       a) bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         8       bif Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required?       7f       X         f Uid the organization sell, exchange, or any premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 108-C?.       7g       7h         h If the organization make any taxable distributions under section 4966?       9a       X         9 Sponsoring organizations maintaining donor advised funds.       10 a       10a       8         a Did the sponsoring organizations. Enter:       10 a       10a       10a       10a         a Did the sponsoring organizations. Enter:       10 b       10b       11a <td< th=""><td>b</td><td></td><td>6b</td><td></td><td></td></td<>	b		6b		
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b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7c       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required?       7f       X         f       If the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required?       7h       X         f       If the organization maintaining donor advised funds.       0id a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       X         g       Sponsoring organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       12a         12       Section 501(c)(12) organizations. Enter:       11b       10b       12a       12a         13       Section 501(c)(12) organizations. Enter: <td>u</td> <td></td> <td>7a</td> <td>Х</td> <td></td>	u		7a	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year	b		7b	Х	
required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7t       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C2.       7t       X         g Sponsoring organizations maintaining door advised funds.       a door advised funds.       8       X         9 Sponsoring organizations maintaining door advised funds.       a door advised funds.       9a       X         9 Did the sponsoring organizations maintaining door advised funds.       9a       X         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b       X         11 Section 501(c)(12) organizations. Enter:       11a       10a       10b       11a       10a       10b       11a       10a       10b       11a       11a       11a					
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h       X         f If the organization received a contribution of cas, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.       7h       X         8 Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       X         9 Sponsoring organizations make any taxable distributions under section 4966?       9a       X         9 bid the sponsoring organizations. Enter:       10a       10b       10b       10b         11 Section 501(c)(12) organizations. Enter:       11a       11b       12a       12a         12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13 Section 501(c)(29) qualified health plans in more than one state?       13a       13a         14a       X       X			7c		Х
bit the organization, during the year, pay premiums, directly, or indirectly, on a personal benefit contract?       71         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       71         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.       72         8 Sponsoring organizations maintaining donor advised funds.       a donor advised fund advised funds.       8         9 Sponsoring organization make any taxable distributions under section 4966?.       9a       X         9 bit the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a       X         9 Section 501(c)(7) organizations. Enter:       10a       10b       9b       X         11 Section 501(c)(12) organizations. Enter:       10a       10b       11a       10b         12 Section 501(c)(12) organizations. Enter:       11a       10b       12a       11a       12a         12 Section 501(c)(2) organizations. Enter:       11b       12a       12a       12a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       11b       12a       12a       12a       12a       12a       12a       13a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       a Is the organization	d	If "Yes," indicate the number of Forms 8282 filed during the year			
g if the organization, received a contribution of qualified intellectual property, did the organization file form 8899 as required?       7g         g if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.       7g         8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make axis business holdings at any time during the year?       7g         9 Sponsoring organization make axis axis donor advised funds.       9a       X         9 Sponsoring organization make axis axis donor advised funds.       9a       X         9 bid the sponsoring organization make axis the distributions under section 4966?       9a       X         9b dit the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         9b Gross receipts, included on Form 990, Part VIII, line 12       10a       10b       10b         11 Section 501(c)(12) organizations. Enter:       11a       10b       11b       12a         12 Section 501(c)(12) organizations. Enter:       11b       11b       12a       12a         13 Section 501(c)(12) organizations. Enter:       11b       12a       12a       12a         14 Section 501(c)(12) organizations. Enter:       11b       11b       12a       12a       12a         12 Section 501(c)(12) organization them.)	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8       X         9       Sponsoring organizations maintaining donor advised funds.       9a       X         9       Sponsoring organization make any taxable distributions under section 4966?.       9a       X         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b       11c         12       Section 501(c)(12) organizations. Enter:       11a       11b       12a       12a         12       Section 501(c)(12) organizations. Enter:       11b       12a       12a       12a         13       Section 501(c)(2) organizations. Enter:       11b       11b       12a       12a         14       Section 501(c)(2) organizations. Enter:       11b       12a       12a       12a       12a         12       Section 501(c)(2) orga	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		X
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8       X         9       Sponsoring organizations maintaining donor advised funds.       a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       X         11       Section 501(c)(12) organizations. Enter:       10a       10b       11b       12a         12       Section 501(c)(12) organizations. Enter:       11b       12a       12b       12a       12a         13       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         13       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?       13a       13a         14a       X       X       14a       X       X	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
sponsoring organization have excess business holdings at any time during the year?       8       X         9       Sponsoring organizations maintaining donor advised funds.       9       9a       X         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b       10c       10b       10c       10c <td>h</td> <td></td> <td>7h</td> <td></td> <td></td>	h		7h		
9       Sponsoring organization nake excess bidantes frokings at any line during the year for the sponsoring organization make any taxable distributions under section 4966?	8		•		v
a Did the sponsoring organization make any taxable distributions under section 4966?	-		8		
a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10a       10b         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b       11a       12a         a Gross income from members or shareholders.       11a       11b       12a       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14a       Did the organization is licensed to issue qualified health plans       13b       13c       13a	-		0.2		x
10       Section 501(c)(7) organizations. Enter:         a Initiation fees and capital contributions included on Part VIII, line 12       10         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11       Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders.       11a       11b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         13a       13a       13a         14a       X					
a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11 Section 501(c)(12) organizations. Enter:       10b         a Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13b       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a			30		
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders.       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .       13b         c       Enter the amount of reserves on hand       13b       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X					
11       Section 501(c)(12) organizations. Enter:       11a       11a         a Gross income from members or shareholders.       11a       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .       13b       13b         c Enter the amount of reserves on hand       13c       14a       X					
a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand.       13c       14a					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a					
against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a					
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c       14a					
13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         13       Note. See the instructions for additional information the organization must report on Schedule O.         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c       Enter the amount of reserves on hand         14a       X	12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
Note. See the instructions for additional information the organization must report on Schedule O.       Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c Enter the amount of reserves on hand       Image: I	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	а		13a		
the organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13c       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X					
c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a	b				
14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X			-		
			142		x

Form	000	(2017)
FUIII	990	(2017)

Section A	. Governing Body and Management	
	Check if Schedule O contains a response or note to any line in this Part VI	••• X
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in	structions.
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "No'

				Yes	No
		1.00		103	110
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 128			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.	<b>1b</b> 126	-		
b	Enter the number of voting members included in line 1a, above, who are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business re			v	
	any other officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or un				37
	supervision of officers, directors, or trustees, or key employees to a management company or othe		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's		5		Х
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or appoint			
	one or more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval	by) members,			
	stockholders, or persons other than the governing body?		7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions und				
	the year by the following:	0			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal Revenue	Code	.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	•	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	C			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests				
	rise to conflicts?	-	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the p				
-	describe in Schedule O how this was done	-	12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review ar				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b		Х
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arrangement			
10a		-	16a		х
h	with a taxable entity during the year?				
U	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Secti	ion C. Disclosure		100		1
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ DC, MD, VA,				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	A QQO_T (Saction	501/	-)(2)-	only
10	<u>available for public inspection. Indicate how you made these available. Check all that apply.</u>	1 990-1 (Section	501(0	5)(3)8	only)

- X Own website Another's website X Upon request Other (explain in Schedule O)
- **19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, 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

Page 7

Part VII	Compensa Independe			s, Direc	tors,	Trust	ees, Ke	y Employ	ees,	Highe	st Co	mpen	sated	Emp	loyees,	ar	nd
	Check if Scl			a respon	se or n	ote to a	any line in	his Part VII.								. 2	Х
Section A.	Officers, Di	rectors,	Trustees,	Key Em	oloyee	s, and I	Highest C	ompensated	l Emp	loyees							
	ete this table on's tax year.	e for all	persons	required	to be	listed.	Report	compensatio	on foi	the c	alendar	year	ending	with	or with	nin t	the

• 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.

				(0						
(A)	(B)	(do r	ot of	Pos		e than c	200	(D)	(E)	(F)
Name and Title	Average hours per					is both		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					or/trust		from	related	other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)NISSAN ANTINE	.70									
MEMBER	0.	Х						0.	0.	0.
(2)BRIAN ASHIN	.70									
MEMBER	0.	Х						0.	0.	0.
(3)MARC AZRAN	.70									
MEMBER	0.	X						0.	0.	0.
(4)EMILY BENOVITZ	.70									
MEMBER	0.	X						0.	0.	0.
(5) PAUL S. BERGER	2.00									
COUNSEL	0.	Х		Х				0.	0.	0.
(6)GARY BERMAN	.70									
CO-PRESIDENT	0.	Х						0.	0.	0.
(7)JOSHUA B. BERNSTEIN	.70									
MEMBER	0.	Х						0.	0.	0.
(8)NORMAN BERNSTEIN	.70									
MEMBER	0.	Х						0.	0.	0.
(9)MICHELE HYMER BLITZ	.70									
MEMBER	0.	Х						0.	0.	0.
(10) <sup>KARA</sup> BLOND	.70									
MEMBER	0.	Х						0.	0.	0.
(11)ROBERT BLOOM	.70									
MEMBER	0.	Х						0.	0.	0.
(12)JOEL BRESLAU	2.00									
PAST PRESIDENT	0.	Х		Х				0.	0.	0.
(13) <sup>HEIDI</sup> BRODSKY	.70									
MEMBER	0.	X						0.	0.	0.
(14)SCOTT BROWN	.70									
MEMBER	0.	Х						0.	0.	0.

JSA 7E1041 1.000

	rt VII Section A. Officers, Directors, Tr		<u> </u>				anan					, numa e		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	erson	e than or is both a or/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensation related organizatio (W-2/1099-M	n from ons	am com fro orga and	(F) stimated nount o other pensati om the anizatio d relate anizatio	of ion : on ed
5		.70	37								0			
<u> </u>	MEMBER	0.	X						0.		0.			
6	DAVID J. BUTLER	2.00												
	PAST PRESIDENT	0.	X		Х				0.		0.			-
7)		.70												
	MEMBER	0.	Х						0.		0.			
8		.70												
	MEMBER	0.	Х						0.		0.			
9 )	GERALD CHARNOFF	.70												
	MEMBER	0.	Х						0.		0.			
0)	ABBY CHERNER	.70												
	MEMBER	0.	Х						0.		0.			
1)	FEDERICO COHEN	.70												
	MEMBER	0.	х						0.		0.			
2)	JEFF COHEN	.70												_
	MEMBER	0.	x						0.		0.			
3)	MARCELLA COHEN	.70												
	MEMBER	0.	x						0.		Ο.			
4	MORRIS COHEN	.70												-
_ :	MEMBER	0.	x						0.		ο.			
5	JASON M. CONWAY	.70												-
	MEMBER	0.	x						0.		ο.			
								•	0.		0.			-
	Sub-total					• •			1,805,830.		0.		84,4	1 6
	Total from continuation sheets to Part VII, S	=			• •	• •			1,805,830.		0.		84,4	_
	Total (add lines 1b and 1c)	limited to the			d al	bove	e) who	re		\$100,000 of			01,1	<u> </u>
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	cer, directo	r, or	tru								3	Yes	
4	For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	∙ If	"Yes,	," (	complete Schedu	le J for si	uch	4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		
	ction B. Independent Contractors		<u> </u>											
	Complete this table for your five highest com compensation from the organization. Report of year.													
1	year.													

Form	990	(2017)	
1 01111	000	(2011)	

MEMBER       0.       x       0.       0.       0.         MEMBER       0.       70       0.       0.       0.         MEMBER       0.       0.       0.       0.       0.         10.       JEFFREY S. DISTENFELD       2.00       x       x       0.       0.         10.       JEFFREY S. DISTENFELD       2.00       x       x       0.       0.         10.       PRMSER       0.       x       0.       0.       0.         10.       RALPH S. DWECK       .70	Part VII Section A. Officers, Directors, Tr		y En	nplo			and H	ligl			
Image: constraint of the second of the se		Average hours per week (list any	box,	unles	Pos heck ss pe	ition more erson	is both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
MEMBER     0.     x     0.     0.       (7)     FRED DIAMOND     70     0.     0.       MEMBER     0.     0.     0.       (8)     JEFREY S. DISTENFELD     2.00     x     x     0.     0.       (9)     ANY DWECK     70     0.     0.     0.     0.       (9)     ANY DWECK     70     0.     0.     0.       (10)     RALPER     0.     0.     0.     0.       (11)     PEGGY EPHRATH     70     0.     0.     0.       MEMBER     0.     0.     0.     0.     0.       (12)     PETER FEDEROWICZ     70     0.     0.     0.       MEMBER     0.     0.     0.     0.     0.       (13)     ANK FEINBERG     0.     0.     0.       (2)     PETER FEDEROWICZ     70     0.     0.       (3)     ANK FEINBERG     0.     0.     0.       (4)     DIANS S. FEINBERG     0.     0.     0.       (5)     CARLY FINKELSTEIN     .70     X     0.     0.       MEMBER     0.     0.     0.     0.     0.       (5)     CARLY FINKELSTREIN     .70     0		related organizations below dotted	or director						organization		from the organization and related
(7)       FEED DIAMOND       .70       0.       x       0.       0.         MEMBER       0.       0.       x       0.       0.       0.         VP, FINANCIAL RESOURCE DEV       .70       0.       0.       0.       0.         9)       ANY DWECK       .70       0.       0.       0.       0.         10)       RALPH S. DWECK       .70       0.       0.       0.       0.         11)       PEGGY EPHRATH       .70       0.       0.       0.       0.         MEMBER       0.       X       0.       0.       0.       0.         12)       PETER FEDEROWICZ       .70       0.       0.       0.       0.         13)       ANNE FEINBERG       .70       X       0.       0.       0.         14)       DIANE S. FEINBERG       .70       X       0.       0.       0.         15)       CARLY FINKELSTEIN       .70       X       0.       0.       0.         16)       VICK FISIMAN       .70       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		-+	v						0	0	
MEMBER       0.       0.       0.       0.       0.         8) JEFFREY S. DISTENFELD       2.00       0.       0.       0.       0.         9) AWT DWECK       0.       0.       0.       0.       0.       0.         90. MAY DWECK       0.       0.       0.       0.       0.       0.       0.         9) AWY DWECK       0.       0.       0.       0.       0.       0.       0.         90. RALPH S. DWECK       70       0.       0.       0.       0.       0.       0.         10 PEGCY BEHRATH       70       0.       0.       0.       0.       0.       0.         11 PEGCY BEHRATH       70       0.       0.       0.       0.       0.       0.         12 PETER FEDEROWIC2       70       0.       0.       0.       0.       0.       0.         13 ANNE FEINBERG       0.       X       0.			A						0.	0.	· ·
(9) JEFFEY S. DISTENEELD       2.00       x       x       0.0.0.         VP, FINANCIAL RESOURCE DEV       0.x       x       0.0.0.         (9) ANY DWECK       .70       0.0.0.         MEMBER       0.x       0.0.0.0.         (1) RALPH S. DWECK       .70       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		-+	x						0.	0	
VF, FINANCIAL RESOURCE DEV       0.       x       x       0.       0.         (9) AND DWECK       .70       .70       .70       .70       .70         MEMBER       0.       x       0.       0.       0.         10) RALPH S. DWECK       .70       .70       .70       0.       0.         11) PEGGY EPHRATH       .70       .70       0.       0.       0.         MEMBER       0.       x       0.       0.       0.         2) PETER FEDEROWICZ       .70       .70       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.         3) ANNE FEINERG       .70       .70       0.       0.       0.       0.         4) DIANE S. FEINBERG       0.       x       0.       0.       0.       0.         5) CAPLY FINKELSTEIN       .70       .70       .70       0.       0.       0.       0.         16) VICKI FISHNAN       .70       .70       .70       .70       .70       .70       .70       .70       .70       .70       .70       .70       .70       .70       .70       .70       .70       .70 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
9)       ANY DNECK       .70       x       0.       0.         MEMBER       0.       x       0.       0.       0.         10)       RALPH S. DWECK       .70       x       0.       0.         MEMBER       0.       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.         10)       PECGY EPHRATH       .70       0.       0.       0.         MEMBER       0.       x       0.       0.       0.         2)       PETER FEDEROWICZ       .70       0.       0.       0.         MEMBER       0.       x       0.       0.       0.         10)       IANE FEINBERG       0.       x       0.       0.         PAST PRESIDENT       .70		-+	x		х				0.	0	
0)       RALPH S. DWECK       .70       x       0       0.       0.         MEMBER       0.       0.       0.       0.       0.       0.         1)       PEGGY EPHRATH       .70       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.         21)       PEGGY EPHRATH       .70       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.         3)       ANRE FEINBERG       0.       x       0.       0.       0.         4)       DIANE S. FEINBERG       2.00       x       0.       0.       0.         76       MEMBER       0.       x       x       0.       0.       0.         10       DIANE S. FEINBERG       0.       x       x       0.       0.       0.         10       DIANE S. FEINBERG       0.       x       x       0.       0.       0.         10       MEMBER       0.       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	29) AMY DWECK	.70									
MEMBER       0.       0.       0.       0.         11) PEGGY EPHRATH       .70		0.	x						0.	0	
1)       PEGGY EPHRATH       .70       x       0.       0.         MEMPER       0.       x       0.       0.       0.         (2)       PETER FEDEROWICZ       .70       0.       0.       0.         (3)       ANNE FEINBERG       0.       x       0.       0.       0.         (3)       ANNE FEINBERG       2.00       x       x       0.       0.       0.         (4)       DIANE S. FEINBERG       2.00       x       x       0.       0.       0.         (5)       CARLY FINKELSTEIN       .70       x       0.       0.       0.       0.         (6)       VICKI FISHMAN       .70       x       0.       0.       0.       0.         (70       MEMBER       0.       x       0.       0.       0.       0.         (6)       VICKI FISHMAN       .70       x       0.       0.       0.       0.         (71       MEMBER       0.       x       0.       0.       0.       0.       0.         (72       Total from continuation sheets to Part VII, Section A	30) RALPH S. DWECK	.70									
MEMBER       0.       0.       0.       0.         (2)       PETER FEDEROWICZ       .70       0.       0.       0.         MEMBER       0.       0.       0.       0.       0.         31       ANNE FEINBERG       0.       0.       0.       0.         44)       DIANE S. FEINBERG       0.0       0.       0.       0.         PAST PRESIDENT       0.       X       0.       0.       0.         55       CARLY FINKELSTEIN       .70       0.       0.       0.       0.         61       VICKI FISHMAN       .70       0.       0.       0.       0.       0.         62       VICKI FISHMAN       .70       0.       0.       0.       0.       0.         63       VICKI FISHMAN       .70       0.       0.       0.       0.       0.         64       Total from continuation sheets to Part VII, Section A       0.		0.	Х						0.	0.	
2) PETER FEDEROWICZ       .70       x       0.       0.         MEMBER       0.       x       0.       0.         3) ANNE FEINBERG       .70       x       0.       0.         MEMBER       0.       x       0.       0.         MEMBER       0.       x       0.       0.         MEMBER       0.       x       0.       0.         PAST PRESIDENT       0.       x       0.       0.         5) CARLY FINKELSTEIN       .70       x       0.       0.         MEMBER       0.       x       0.       0.       0.         6) VICKI FISHMAN       .70       x       0.       0.       0.         70 MEMBER       0.       x       0.       0.       0.       0.         10 Sub-total	31) PEGGY EPHRATH	.70									
MEMBER       0.       x       0.       0.       0.         (3) ANNE FEINBERG       .70       x       0.       0.       0.         (4) DIANE S. FEINBERG       2.00       x       0.       0.       0.         PAST PRESIDENT       0.       x       x       0.       0.         (5) CARLY FINKELSTEIN       .70       0.       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.         (6) VICKI FISHMAN       .70       0.       0.       0.       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.       0.       0.         (6) VICKI FISHMAN       .70			X						0.	0.	
3) ANNE FEINBERG       .70       x       0.       0.         MEMBER       0.       x       0.       0.         (4) DIANE S. FEINBERG       2.00       x       0.       0.         PAST PRESIDENT       0.       x       0.       0.         (5) CARLY FINKELSTEIN       .70       x       0.       0.         MEMBER       0.       x       0.       0.         (6) VICKI FISHMAN       .70       x       0.       0.         MEMBER       0.       x       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.         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 ≥       13         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       3         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such person       3       4         5 Did any person listed on line 1a receive o	32) PETER FEDEROWICZ	.70									
MEMBER       0.       0.       0.       0.         (4) DIANE S. FEINBERG       2.00       x       x       0.       0.         PAST PRESIDENT       0.       x       x       0.       0.         (5) CARLY FINKELSTEIN       .70			Х						0.	0 .	•
(4) DIANE S. FEINBERG       2.00       x       x       x       0.       0.         PAST PRESIDENT       0.       x       x       x       0.       0.       0.         (5) CARLY FINKELSTEIN       .70       0.       x       0.       0.       0.         (6) VICKI FISHMAN       .70       0.       x       0.       0.       0.         (6) VICKI FISHMAN       .70       0.       0.       0.       0.       0.         (7) MEMBER       0.       0.       0.       0.       0.       0.       0.         (6) VICKI FISHMAN       .70       0.       0.       0.       0.       0.       0.         (4) Total (add lines 1b and 1c).	33) ANNE FEINBERG	.70									
PAST PRESIDENT       0.       X       X       0.       0.         (5)       CARLY FINKELSTEIN       .70       0.       0.       0.       0.         (6)       VICKI FISHMAN       .70       0.       0.       0.       0.         MEMBER       0.       0.       0.       0.       0.       0.         (6)       VICKI FISHMAN       .70       0.       0.       0.       0.         MEMBER       0.0.       0.       0.       0.       0.       0.         (6)       VICKI FISHMAN       .70       0.       0.       0.       0.         (7)       X       0.       0.       0.       0.       0.       0.         (7)       X       0.       0.       0.       0.       0.       0.       0.         (7)       X       0.       0.       0.       0.       0.       0.       0.       0.       0.         (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 > 13       3       3       3       3       4       3       4       X       4       X       5			Х						0.	0.	
15) CARLY FINKELSTEIN       .70       X       0.       0.       0.         16) VICKI FISHMAN       .70       0.       X       0.       0.       0.         16) VICKI FISHMAN       .70       0.       X       0.       0.       0.         16) VICKI FISHMAN       .70       0.       X       0.       0.       0.         16) VICKI FISHMAN       0.       0.       0.       0.       0.       0.       0.         17 Otal from continuation sheets to Part VII, Section A       0.       0.       0.       0.       0.       0.         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 ▶ 13       13       13       13         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		-+	-								
MEMBER       0.       0.       0.       0.         66) VICKI FISHMAN       .70       0.       0.       0.         MEMBER       0.       0.       0.       0.         1b Sub-total       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.         c Total fumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         3 Did the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         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 th			X		X				0.	0.	•
16) VICKI FISHMAN       .70       0.       0.       0.       0.         1b Sub-total		-+	 								
MEMBER       0.       x       0.       0.       0.       0.         1b Sub-total <ul> <li>c Total from continuation sheets to Part VII, Section A</li> <li>d Total (add lines 1b and 1c).</li> <li>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 &gt; 13         </li></ul> Yes I           3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .         Yes I           4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person         4         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? If "Yes," complete Schedule J for such person <li>Section B. Independent Contractors</li> <li>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.</li>			X						0.	0.	•
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) <ul> <li>A Total (add lines 1b and 1c)</li> <li>C Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization &gt; 13</li> </ul> Yes I           3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual         3         3         3         4         4         4         X         5		-+									
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 ▶       13         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       Yes I         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? If "Yes," complete Schedule J for such individual       4 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? If "Yes," complete Schedule J for such person       5         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)       (B)       (C)		0.	X						0.	0.	•
<ul> <li>3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li></ul>	<ul> <li>c Total from continuation sheets to Part VII, s</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not</li> </ul>	limited to t	hose		d al	bove	e) who	> re	ceived more than	\$100,000 of	
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         5       Section B. Independent Contractors       5         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)       (B)       (C)	<ul><li>employee on line 1a? <i>If "Yes," complete Schee</i></li><li>4 For any individual listed on line 1a, is the</li></ul>	dule J for su sum of rep	<i>ch ina</i> portab	lividi ole c	<i>ual</i> com	pen	satior	n ar	nd other compens	sation from the	
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)       (B)       (C)	5 Did any person listed on line 1a receive of	r accrue co	mpen	sati	on f	fron	n any	uni	related organization	on or individual	
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)       (B)       (C)		,		.500			54011	201		<u></u>	
	1 Complete this table for your five highest cor compensation from the organization. Report										
		ldress								ervices	
								+			

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	(A) Name and title	(B) Average hours per week (list any	box,	unles	ss pe	ition more rson	than on is both a or/truste	in	(D) Reportable compensation from	(E) Reportable compensation fror related	n a	(F) Estimated mount o other mpensati	f
		hours for related organizations below dotted line)	or director	Institutional trustee		Key employee		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	oi	from the ganization nd related ganization	on d
	DARLENE FORD	.70											
	MEMBER	0.	X						0.	0	•		
	ALAN_FREEMAN MEMBER	. 70	x						0.	0			
	MEMBER MICHAEL FRIEDMAN	.70							0.	0	•		-
	MEMBER	0.	x						0.	0			
	MATTHEW FRIEDSON	.70							0.	0	•		-
	MEMBER	0.	x						0.	0			
	MICHAEL C. GELMAN	2.00											
	PAST PRESIDENT	0.	x		х				0.	0			
2)	SUSAN R. GELMAN	2.00											_
	PAST PRESIDENT	0.	x		х				0.	0			
3)	MORGAN GENDERSON	.70											_
	MEMBER	0.	x						0.	0			
1)	CATHY GILDENHORN	.70											
	MEMBER	0.	Х						0.	0			
5)	JOSEPH B. GILDENHORN	2.00											
	PAST PRESIDENT	0.	Х		Х				0.	0			
б)	RONALD R. GLANCZ	.70											
	MEMBER	0.	X						0.	0	•		
	SOL GLASNER	.70							_				
	MEMBER	0.	X						0.	0	•		
	Sub-total												
	otal from continuation sheets to Part VII, S												
	otal (add lines 1b and 1c)						• • •			¢4.00.000f			
	otal number of individuals (including but not eportable compensation from the organization		nose 13		d at	ove	e) who	reo	ceived more than	\$100,000 of			
				,								Yes	
; C	Did the organization list any <b>former</b> offic	or directo	r or	tri	isto	۰ L		mnl	lovoo or highos	toomponsated		103	F
	mployee on line 1a? If "Yes," complete Sched										3		
	or any individual listed on line 1a, is the										-		
	rganization and related organizations greater												
	ndividual										4	Х	
5 0	Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	rom	any	unr	elated organization	on or individual			
f	or services rendered to the organization? If "Ye	es," comple	te Scł	nedu	ıle J	for	such p	bers	son		5		
Sect	ion B. Independent Contractors												
C	Complete this table for your five highest com ompensation from the organization. Report c ear.											<b>K</b>	
	(A) Name and business add	Iress							(B) Description of se	rvices	(C Compe		
													_
													_

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	Form 990 (2017)	ataaa Ka					and L	lial	haat Companyat			Page <b>8</b>
	Part VII Section A. Officers, Directors, Tru (A) Name and title	<b>ISTEES, KE</b> (B) Average hours per	(do r	not cl	<b>((</b> Pos heck	<b>C)</b> ition more	e than o	ne	(D) Reportable compensation	(E) Reportable compensation fro		(F) Estimated amount of
		week (list any hours for related organizations below dotted line)					is both or/truste employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS	C) (C	other ompensation from the organization and related rganizations
(	48) ELIOT GOLDBERG MEMBER	.70 0.	x						0.		0.	0.
(	49) LAURA GOLDMAN MEMBER	.70	x						0.		0.	0.
(	50) LOUIS GOODMAN	.70							0.		0.	0.
(	MEMBER 51) CAROL I. GORDON	0.	X						0.		0.	0.
,	MEMBER	0.	x						0.		ο.	0.
(	52) FELICIA GOTTDENKER MEMBER	.70 0.	x						0.		0.	0.
(	53) JILL GRANADER MEMBER	.70	x						0.		0.	0.
(	54) NEIL GURVITCH	.70										
(	MEMBER 55) MARCI HANDLER	2.00	X						0.		0.	0.
(	VP, FINANCE & TREASURER 56) GREG HARRIS	0.	X		X				0.		0.	0.
	MEMBER	0.	x						0.		ο.	0.
(	57) KATHY INGBER MEMBER	.70 0.	x						0.		ο.	0.
(	58) KERRY L. IRIS MEMBER	.70	x						0.		0.	0.
	<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part VII, See d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not I reportable compensation from the organization</li> </ul>	imited to t		liste			e) who	<ul> <li>re</li> </ul>	ceived more than	\$100,000 of		
	3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo									3	Yes No
	4 For any individual listed on line 1a, is the s organization and related organizations gre individual	eater than	\$15	50,0	00?	lf	"Yes	," (	complete Schedu	le J for such		. X
	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	from	n any	uni	related organization	on or individual		x
	Section B. Independent Contractors	ie, eempre					ouon					
	<ol> <li>Complete this table for your five highest component compensation from the organization. Report co year.</li> </ol>											ıx
	(A) Name and business add	ress							(B) Description of se	ervices		<b>C)</b> ensation
								-				

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	(A)	(B)			(0	C)			(D)	(E)		(	F)	
	Name and title	Average hours per week (list any	box,	not ch unles	neck ss pe	erson	e than or is both a or/truste	an	Reportable compensation from	Reportat compensatio related	n from	amo	nated unt of her	f
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-I			n the iization elated	n d
9)	RONALD D. KABRAN	.70												
	MEMBER	0.	X						0.		0.			
0)		.70												
1)	MEMBER BRUCE KAPLAN	0.	X						0.		0.			_
	MEMBER	0.	x						0.		0.			
2)	CANDACE KAPLAN	.70												-
	MEMBER	0.	x						0.		Ο.			
3)	EDWARD H. KAPLAN	2.00												-
	PAST PRESIDENT	0.	X		Х				0.		0.			
4)	IRENE R. KAPLAN	2.00												
	PAST PRESIDENT	0.	X		Х				0.		0.			
5)	LAWRENCE KAPLAN	.70												
- \	MEMBER	0.	X						0.		0.			
o) 	LESLIE A. KAPLAN VICE PRESIDENT AT LARGE	2.00	x		Х				0.		ο.			
7)	RONALD KAPLAN	.70			Λ				0.		0.			-
	MEMBER	0.	x						0.		ο.			
8)		.70												-
	MEMBER	0.	Х						0.		Ο.			
9)	JULIE E. KASS	.70												_
	MEMBER	0.	Х						0.		0.			
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but no reportable compensation from the organization	limited to t	hose	liste		• •	e) who	► ► re	ceived more than	\$100,000 o	f			_
	· · · · ·		13									<u> </u>	/es	
3	Did the organization list any former offi employee on line 1a? If "Yes," complete Scher											3		
ŀ	For any individual listed on line 1a, is the	sum of rep	ortab	ole c	om	pen	sation	ar	nd other compens	sation from	the			
	organization and related organizations g											4	х	
	individual											4		
	for services rendered to the organization? If " ction B. Independent Contractors											5		
_	Complete this table for your five highest cor compensation from the organization. Report year.													
	(A)	Idroop							(B)			(C)		
	Name and business ac								Description of se			ompensa		_
														_

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(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles:	neck is pe	ition more erson	e than on is both a or/truste	in	<b>(D)</b> Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	<b>(F)</b> Estimated amount o other compensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organizatio and related organization	on d
0) SHERRY K. KASWELL	.70	37								0		
MEMBER 1) SHELDON H. KLEIN	0.	X					_	0.		0.		
VP, COMM. & GLOBAL IMPACT ISRA	0.	x		х				0.		0.		
2) WILLIAM M. KREISBERG	.70			21			_			0.		
MEMBER	0.	x						0.		ο.		
3) JOCELYN B. KRIFCHER	.70											
MEMBER	0.	х						0.		Ο.		
4) ROCHELLE KUPFER	2.00											
PRESIDENTIAL APPOINTEE	0.	Х		х				0.		Ο.		
5) STUART S. KURLANDER	2.00											
PAST PRESIDENT	0.	Х		Х				0.		0.		
6) STEVEN LAUFER	.70											
MEMBER	0.	Х						0.		0.		
7) STUART H. LESSANS	.70											
MEMBER	0.	X						0.		0.		
8) HENRY D. LEVINE	.70	37						0				
MEMBER 9) MARK L. LEVITT	0.	X						0.		0.		
9) MARK L. LEVITT MEMBER	0.	x						0.		0.		
0) LIZA LEVY	2.00	А						0.		0.		
CO-PRESIDENT	0.	x		x				0.		ο.		
Ib Sub-total												
c Total from continuation sheets to Part VII, S	ection A		· · ·		•••							_
d Total (add lines 1b and 1c)							►					
2 Total number of individuals (including but not				d at	bove	e) who	re	ceived more than	\$100,000	of		
reportable compensation from the organizatio	n 🕨	13	3									Γ.
											Yes	
B Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	
											3	
For any individual listed on line 1a, is the organization and related organizations groups of the organization of the organ	sum of rep eater than	ortab \$15	ole co 50,00	om 00?	pen /////f	isation "Yes,	ar " (	nd other compens co <i>mplete Schedu</i>	sation from	the such		
individual					• •						<b>4</b> X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5	
Section B. Independent Contractors						,					I I	
I Complete this table for your five highest com compensation from the organization. Report or year.											s tax	
(A)								(B)			(C)	
	dress							Description of se	ervices	Co	mpensation	
Name and business add												
Name and business add												
Name and business add												

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ME 2) YE		related organizations below dotted line)	Individual trustee or director	nstit			is both a or/truste	e)	compensation from the	compensation from related organizations	other compensation from the
ME 2) YE			, ,	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
2) YE	ARK K. LEZELL	.70									
	EMBER	0.	Х						0.	0.	
ME	ELENA LINGEL	.70									
	EMBER	0.	X						0.	0.	
	ODI MACKLIN	.70									
	EMBER	0.	Х						0.	0.	
	HILIP N. MARGOLIUS	2.00									
	AST PRESIDENT	0.	X		Х				0.	0.	
	OUIS MAYBERG	.70									
	EMBER	0.	Х						0.	0.	
5) AI	LAN L. MELTZER	.70						T			
MI	EMBER	0.	X						0.	0.	
7) D7	ANIEL MENDELSON	.70									
MI	EMBER	0.	Х						0.	0.	
3) BE	ENJAMIN NUSSDORF	.70									
MI	EMBER	0.	Х						0.	Ο.	
9) R(	ONALD A. PAUL, M.D.	.70									
MI	EMBER	0.	x						0.	Ο.	
)) MI	ICHAEL PLOSTOCK	.70									
MI	EMBER	0.	X						0.	Ο.	
L) J <i>i</i>	AMIE POSLOSKY	.70									
ME	EMBER	0.	х						0.	0.	
c Tot d Tot 2 Tot	b-total tal from continuation sheets to Part VII, So tal (add lines 1b and 1c) tal number of individuals (including but not l portable compensation from the organization	imited to tl		liste			e) who	► ► rec	ceived more than	\$100,000 of	
	the organization list any <b>former</b> offic ployee on line 1a? If "Yes," complete Schedu										Yes I 3
org	r any individual listed on line 1a, is the s ganization and related organizations gre <i>lividual</i>	eater than	\$15	50,0	00?	lf	"Yes,	,"с	complete Schedu	le J for such	<b>4</b> X
for	any person listed on line 1a receive or services rendered to the organization? If "Ye										5
	n B. Independent Contractors										
	mplete this table for your five highest com mpensation from the organization. Report c ar.										
	(A) Name and business add	ress							<b>(B)</b> Description of se	rvices C	<b>(C)</b> ompensation

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(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any			Pos heck	ition more	e than o is both		Reportable compensation from	Reportable compensation from related		stimated mount o other	
	hours for related organizations below dotted line)	office of Individual trustee or director	a Institutional trustee	a Officer	lire Key employee	or/truste Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f or ai	npensati from the ganizatio nd relate ganizatio	e on ed
2) NORMAN POZEZ	2.00	-						_				
PRESIDENT, UNITED JEWISH ENDOW	0.	X		Х				0.	0	•		
B) GIL PREUSS	55.00	v		v				100 000			7	20
EXECUTIVE VICE PRESIDENT & CEO	0.	X		Х				198,982.	0	•	7,2	20
MEMBER	0.	x						0.	0			
5) H. RABIN	.70	21						0.	0	•		
MEMBER	0.	x						0.	0			
5) STEVE A. RAKITT	55.00									-		—
EXECUTIVE VICE PRESIDENT & CEO	0.	x		х				625,180.	0		10,6	62
7) DAPHNA RASKAS	.70											
MEMBER	0.	X						0.	0			
3) ADAM J. RASKIN	.70											
MEMBER	0.	Х						0.	0	•		
) TODD RICH	.70											
MEMBER	0.	Х						0.	0	•		
)) SHAI ROMIROWSKY	.70	-										
MEMBER	0.	Х						0.	0	•		
) MERYL B. ROSENBERG	.70	37						0				
MEMBER 2) JACOB RUBIN	0.	X						0.	0	•		
MEMBER	. 70	x						0.	0			
	0.	А					-	0.	0	•		
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-	•••	•••	•••	•••	 						
<ul> <li>Total number of individuals (including but not reportable compensation from the organization</li> </ul>	limited to t			d al	bove	e) who	re	ceived more than	\$100,000 of			
			,								Yes	Τ
Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3		
For any individual listed on line 1a, is the solution organization and related organizations grain individual	eater than	\$15	50,0	00?	If	"Yes	," (	complete Schedu	le J for such	4	X	
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	fron	n any	uni	related organization	on or individual	5		
Section B. Independent Contractors	<i>bo, compto</i>	10 00/	1000		101	ouon	001					1
Complete this table for your five highest com compensation from the organization. Report c year.												
(A) Name and business add	Iress							<b>(B)</b> Description of se	ervices	(C Comper		
												_

	(A)	(B)			10	••						-	
					(C				(D)	(E)		(F	
	Name and title	Average hours per	(do r	not ch	Posi neck i		e than or	ne	Reportable compensation	Reportabl compensation		Estim amou	
		week (list any					is both a		from	related		oth	
		hours for related					or/truste		the	organizatio		compe from	
		organizations	ndivi r dir	nstit	Officer	ey e	lighe mple	Forme	organization (W-2/1099-MISC)	(W-2/1099-N	IISC)	organi	
		below dotted	dua ectc	utior	Ψ	mpl	est c	er	(₩-2/1033-10100)			and re	
		line)	l trus	nal ti		Key employee	omp					organiz	zation
			Individual trustee or director	Institutional trustee		(D	Highest compensated employee						
3) W	IENDY S. RUDOLPH	.70					ted						
	IEMBER	0.	х						0.		ο.		
	VEFFERY S. RUM	2.00						_					
	/P, MARKETING	0.	Х		х				0.		ο.		
	DEBORAH RATNER SALZBERG	2.00											
	PRESIDENTIAL APPOINTEE	0.	Х		х				0.		Ο.		
	VAN M. SCHAEFFER	2.00											
	PAST PRESIDENT	0.	Х		х				0.		Ο.		
7) S	SUSAN SCHOR	2.00											
v	/P, COMM. & GLOBAL IMPACT ISRA	0.	Х		Х				0.		0.		
8) K	CEN SCHWARTZ	.70											
M	IEMBER	0.	Х						0.		0.		
9) R	RAANAN SHAMES	.70											
M	IEMBER	0.	Х						0.		0.		
0) S	SUSAN N. SHANKMAN	.70											
M	IEMBER	0.	Х						0.		0.		
1) J	VESSICA SHER	.70											
	IEMBER	0.	Х						0.		0.		
	VANE E. SHICHMAN	.70											
	IEMBER	0.	X						0.		0.		
	BEN SHLESINGER	.70											
	IEMBER	0.	Х						0.		0.		
1b Su	ub-total												
	otal from continuation sheets to Part VII, Se												
	otal (add lines 1b and 1c)					• •	• • •			• • • • • • • •			
	otal number of individuals (including but not l portable compensation from the organizatior		nosel 13		d ab	ove	e) who	re	ceived more than	\$100,000 of			
10	portable compensation from the organization		1.	)									′es
• D:	id the encoding list and former offic			4					lavaa an binbaa			T	es
	id the organization list any <b>former</b> offic nployee on line 1a? <i>If "Yes," complete Schedu</i>											3	
												3	
	or any individual listed on line 1a, is the s												
	ganization and related organizations gre dividual								complete Schedu	IE J TOT SL	ICH	4	x
	id any person listed on line 1a receive or								elated organization	on or individu	ual	-	
	r services rendered to the organization? If "Ye											5	
	on B. Independent Contractors	<i>ie, eenpre</i>					00011				• •		
1 Cc co	omplete this table for your five highest com ompensation from the organization. Report c ear.												
									(D)			(0)	
	(A) Name and business add	ress							<b>(B)</b> Description of se	rvices	Co	(C) mpensat	ion

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	yee	es,	and ⊦	ligl	hest Compensat	ed Employ	Jees (co	ontinue	ed)	
(A) Name and title	(B) Average			<b>(C</b> Posi	<b>;)</b> ition			(D) Reportable	<b>(E)</b> Reporta		Es	(F) stimated	
	hours per	•				e than o is both :		compensation	compensation			ount o	of
	week (list any hours for	office				or/truste		from the	relate organizat			other pensati	ior
	related	Ind or a	Ins	Officer	Key	Hig	For	organization	(W-2/1099-		fro	om the	•
	organizations below dotted	ividu direc	tituti	icer	'em	hest	Former	(W-2/1099-MISC)				anizatio d relate	
	line)	tor tr	onal		Key employee	ee						anizatio	
		Individual trustee or director	Institutional trustee		ee	Highest compensated employee							
4) MATTHEW H. SIMON	2.00					đ							
PAST PRESIDENT	0.	Х		Х				0.		0.			
5) DAVID SLOAN	.70												
MEMBER	0.	X						0.		0.			
6) RUSSELL SMITH	.70	37						0					
MEMBER .7) MIRIAM SMOLEN	0.	Х						0.		0.			
MEMBER	0.	x						0.		0.			
.8) ASHLEY STEINBERG	.70	А						0.					
MEMBER	0.	x						0.		ο.			
.9) STEVEN D. STONE	.70												_
MEMBER	0.	x						0.		ο.			
20) SHIRA STUTMAN	.70												_
MEMBER	0.	х						0.		Ο.			
21) STUART TAUBER	2.00												
VP, LEADERSHIP & VOLUNTEER DEV	0.	X		Х				0.		0.			
22) EDWARD TOLCHIN	.70												
MEMBER	0.	X						0.		0.			
23) STEFAN F. TUCKER	.70	37						0					
MEMBER 24) ERIC WACHTER	0.	Х						0.		0.			
MEMBER	0.	Х						0.		0.			
	0.	Λ						0.					
1b Sub-total c Total from continuation sheets to Part VII, S	ootion A				• •								
d Total (add lines 1b and 1c)													
2 Total number of individuals (including but not						a) who		ceived more than	\$100.000 (				-
reportable compensation from the organization		13		uu	000		, 10		φ100,000 (	51			
												Yes	
3 Did the organization list any former offic	er. directo	r. or	tru	istee	ə. I	kev e	mp	lovee. or highes	t compens	ated			
employee on line 1a? If "Yes," complete Sched											3		
4 For any individual listed on line 1a, is the	sum of rer	ortab	le c	omi	pen	satior	n ar	nd other compens	sation from	the			
organization and related organizations gre	eater than	\$15	0,00	00?	lf	"Yes	," (	complete Schedu	le J for	such			
individual											4	Х	
5 Did any person listed on line 1a receive or													
for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	ile J	for	such	per	son	<u></u>	<u></u>	5		
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest com compensation from the organization. Report or year.</li> </ol>													
year.													
(A)							Τ	(B)			(C)		_

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(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unles r and	Pos heck ss pe d a d	erson lirect	e than or is both a or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
) ELLEN KAGEN WAGHELSTEIN	2.00									
VP, WOMEN'S PHILANTHROPY	0.	Х		Х				0.	0.	
) EDWARD R. WEISS	2.00									
SECRETARY	0.	X		Х				0.	0.	
) JOANNE WYMAN	.70									
MEMBER	0.	X						0.	0.	
) ROBERT E. ZAHLER	2.00									
PAST PRESIDENT	0.	X		Х				0.	0.	
) ZACHARY BRITON	55.00									
DIRECTOR ANNUAL CAMPAIGN & VP	0.					Х		161,354.	0.	8,05
) EILEEN FRAZIER	55.00									
CHIEF OPERATING OFFICER	0.					Х		278,541.	0.	13,79
) AVITAL INGBER	55.00									
CHIEF DEVELOPMENT OFFICER	0.					Х		229,737.	0.	17,71
) ISABELLA YUSIMOVA	55.00									
CHIEF FINANCIAL OFFICER	0.	1				Х		138,196.	0.	18,32
) STACYE N. ZEISLER	55.00									
CHIEF MARKETING OFFICER	0.	1				X		173,840.	0.	8,67
		-								
		-								
b Sub-total c Total from continuation sheets to Part VII, S	Section A		•••		••					
d Total (add lines 1b and 1c)										
Total number of individuals (including but not reportable compensation from the organizatio	limited to t		iste			e) who	re	ceived more than	\$100,000 of	
			tru	unto	0		<u> </u>	loves or highest	t companyated	Yes
employee on line 1a? If "Yes," complete Sched	lule J for su	ch ind	ividu	ual	• •		•			3
For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	' If	"Yes,	" (	complete Schedu	le J for such	4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on f	from	n any	uni	related organization	on or individual	5
ection B. Independent Contractors										
Complete this table for your five highest con compensation from the organization. Report										
year.								(B)		(C)
	dress							Description of se	ervices Co	ompensation
year. (A)	dress							Description of se	ervices Co	
year. (A)	dress								ervices Co	ompensation

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respor	nse or note to an	y line in this Part VI	<u></u> .	<u></u>	<u> [ ]</u>
					(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	42,916.				
Gra	b	Membership dues	1b					
fts,	С	Fundraising events	1c	72,116.				
ij gi	d	Related organizations	1d					
Sins	е	Government grants (contribu	utions) 1e	714,514.				
ler utio	f	All other contributions, gifts,	grants,					
đ		and similar amounts not included	d above _ 1f	28,887,270.				
no'	g	Noncash contributions included	in lines 1a-1f: \$	9,034,200.				
	h	Total. Add lines 1a-1f	<u></u>		29,716,816.			
nue				Business Code				
eve	2a							
e R	b							
rzio	С							
Se	d							
ram	е							
Program Service Revenue	f	All other program service rev						
<u> </u>	g	Total. Add lines 2a-2f			0.			
	3	(	cluding divider					
		and other similar amounts).			2,706,512.		625,539.	2,080,973.
	4	Income from investment of			0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents	1,389,258.					
	b	Less: rental expenses	2,013,254.					
	С	Rental income or (loss)	-623,996.					
	d	Net rental income or (loss) .	(i) Securities	(ii) Other	-623,996.		220,405.	-844,401.
	7a	Gross amount from sales of						
		assets other than inventory	60,545,533.					
	b	Less: cost or other basis						
		and sales expenses	49,182,614.					
	C	Gain or (loss)		L	11.050.010			
	d	Net gain or (loss)		· · · · · · · •	11,362,919.			11,362,919.
ne	8a	Gross income from fundra						
ven		events (not including \$						
Other Revenue		of contributions reported on		245 424				
her		See Part IV, line 18		1				
ð		Less: direct expenses			-128,048.			-128,048.
	c	Net income or (loss) from fu	-		-120,040.			-120,040.
	9a	Gross income from gaming						
		See Part IV, line 19		1				
	b c	Less: direct expenses Net income or (loss) from g			0.			
			-					
	10a	Gross sales of inventor returns and allowances						
	h			1				
	b c	Less: cost of goods sold Net income or (loss) from sa			0.			
	-	Miscellaneous Revenu		Business Code				
	11a	OTHER MISCELLANEOUS INCOM	4E	900099	556,984.			556,984.
	b							
	ы С							
	d	All other revenue						
	u e	Total. Add lines 11a-11d			556,984.			
	12 12	Total revenue. See instruction			43,591,187.		845,944.	13,028,427.

JSA 7E1051 1.000

#### 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 (C) Management and (A) Total expenses (B) Program service (D) Do not include amounts reported on lines 6b. 7b. Fundraising 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 20,184,646 20,184,646. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 392,287. 117,686. 121,609 152,992. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 5,189,509 1,555,325. 1,585,473. 2,048,711. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 289,084 133,707 94,062. 61,315. section 401(k) and 403(b) employer contributions) 132,786 160,367. 444,285 151,132 9 Other employee benefits . . . . . . . . . . . . 124,068. 128,085. 157,315. 409,468. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 7,119. 7,119 b Legal 74,659 74,659. c Accounting 0 d Lobbying 38,113. 38,113. e Professional fundraising services. See Part IV, line 17. 253,630. 76,089 78,625 98,916. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 425,590. 1,142,663. 586,364 130,709 (A) amount, list line 11g expenses on Schedule O.) 9,145 17,799. 86,587. 59,643 12 Advertising and promotion 250,256. 173,671. 530,503. 106,576. 13 Office expenses 0 14 Information technology 0 15 Royalties 230,834. 42,278. 104,764 83,792. Occupancy 16 34,701. 366,474. 273,802. 57,971 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 166,245. 120,363. 28,187 17,695. 19 Conferences, conventions, and meetings 0 20 0 21 Payments to affiliates 12,448. 172,519 38,795. 223,762. 22 Depreciation, depletion, and amortization 49,145. 49,145. Insurance 23 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 232,932. 221,704. 11,228. **MISCELLANEOUS EXPENSES** 336,557. 103,963. 74,011 158,583. С d e All other expenses 30,648,502. 23,922,736. 3,013,436 3,712,330. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

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following SOP 98-2 (ASC 958-720)

art	: X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X.		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	0.	1	0
	2	Savings and temporary cash investments	1,471,761.	2	3,053,064
	3	Pledges and grants receivable, net	7,954,076.	3	4,904,406
	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.			
	6	Complete Part II of Schedule L 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	25,000.	5	0
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	C
Assels	7	Notes and loans receivable, net	1,600,000.	7	0
22		Inventories for sale or use	0.	8	C
-	9	Prepaid expenses and deferred charges	0.	9	C
	-	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D <b>10a</b> 23,012,943.			
	b	Less: accumulated depreciation	19,179,694.	10c	18,733,838
1	1	Investments - publicly traded securities	119,645,383.		139,666,160
	2	Investments - other securities. See Part IV, line 11	86,783,326.	12	84,245,786
	3	Investments - program-related. See Part IV, line 11	0.	13	(
	4	Intangible assets	0.	14	(
	5	Other assets. See Part IV, line 11	8,022,927.	15	8,356,666
	6	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	244,682,167.	16	258,959,920
_	7	Accounts payable and accrued expenses	5,828,491.	17	5,564,192
	8	Grants payable	9,907,377.	18	10,337,288
	9	Deferred revenue	0.	19	(
	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	(
	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	(
<u>ة</u>  2	23	Secured mortgages and notes payable to unrelated third parties	3,635,000.		3,320,000
	24	Unsecured notes and loans payable to unrelated third parties	80,000.		(
2	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	40,661,469.	25	41,223,536
2	26	Total liabilities. Add lines 17 through 25	68,712,337.	26	69,045,016
ß		Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ $x$ and complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	70,999,342.	27	76,882,324
g   2	28	Temporarily restricted net assets	78,657,198.	28	85,986,319
2 2	29	Permanently restricted net assets	26,313,290.	29	27,046,261
222		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
833	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ζ 3	32	Retained earnings, endowment, accumulated income, or other funds		32	
			175,969,830.	33	189,914,904
	33	Total net assets or fund balances	±15,505,050.	33	

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Part XI       Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI.       X         1       Total expenses (must equal Part IX, column (A), line 12)       1       43,591,187.         2       Total expenses (must equal Part IX, column (A), line 25)       3       2       30,648,502.         3       Revenue less expenses. Subtract line 2 from line 1       3       12,942,685.       3       12,942,685.         4       175,969,830.       5       2,129,773.       6       0       7       0.         5       Retreamed essets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       175,969,830.       5       2,129,773.         6       Donated services and use of facilities       7       0.       8       0.       -1,127,384.         9       Other changes in net assets or fund balances (explain in Schedule O).       8       0.       -1,127,384.         10       189,914,904.       189,914,904.       189,914,904.       189,914,904.       189,914,904.         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.       X       X         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       Other       2a	Form 99	90 (2017)				Pa	ge <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       43.591.187.         2       Total expenses (must equal Part VI, column (A), line 25)       30.648.502.         3       Revenue less expenses. Subtract line 2 from line 1       30.648.502.         3       12.942.685.         4       175.969.830.         5       2.129.773.         6       0.         7       0.         8       Prior period adjustments         10       Stestes or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3., column (B)).         9       Other changes in net assets or fund balances (explain in Schedule 0).         9       Other changes in net assets or fund balances (explain in Schedule 0).         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3., column (B)).         9       -1.127.384.         10       189.914.904.         11       The counting method used to prepare the Form 990:       Cash X Accrual       Other         11       Trees," 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:       X         11       Yes No       X       X         12       Accounting method used to repan ether	Part						
Total expenses (must equal Part IX, column (A), line 25)       2       30, 648, 502.         3       Revenue less expenses. Subtract line 2 from line 1       3       12, 942, 665.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       175, 969, 830.         5       Donated services and use of facilities       6       0.         7       Investment expenses.       6       0.         7       Prior period adjustments       6       0.         9       Other changes in net assets or fund balances (explain in Schedule 0).       9       -1,127,384.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).       189,914,904.         2       Total expenses.       10       189,914,904.         2       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0.       1       1         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       1         1       ************************************		Check if Schedule O contains a response or note to any line in this Part XI	T T				
a Revenue less expenses. Subtract line 2 from line 1.       3       12,942,685.         4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       5       4       175,969,830.         5 Net unrealized gains (losses) on investments       5       2,129,773.       6       0.         7 Investment expenses.       6       0.       7       0.       8       0.         8 Prior period adjustments       9       -1,127,384.       1       189,914,904.       189,914,904.         9 Other changes in net assets or fund balances (explain in Schedule O)       9       -1,127,384.       1       189,914,904.         9 Check if Schedule O contains a response or note to any line in this Part XII       X       X       X         1 Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         1 ft he organization changed its method of accounting from a prior year or checked *Other," explain in Schedule O.       X       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis       Both consolidated and separate basis       Zb       X         If "Yes," to ck a box below to indicate whet	1	Total revenue (must equal Part VIII, column (A), line 12)					
<ul> <li>Net onso experiences at beginning of year (must equal Part X, line 33, column (A))</li> <li>175, 969, 830.</li> <li>Net unrealized gains (losses) on investments</li> <li>Donated services and use of facilities</li> <li>Donated services and use of facilities</li> <li>Prior period adjustments</li> <li>Prior period adjustments</li> <li>Other changes in net assets or fund balances (explain in Schedule O)</li> <li>Other changes in net assets or fund balances (explain in Schedule O)</li> <li>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line</li> <li>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line</li> <li>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line</li> <li>Part XII</li> <li>Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>X</li> <li>Yes No</li> <li>Accounting method used to prepare the Form 990:</li> <li>Cash X Accrual</li> <li>Other," explain in Schedule O.</li> <li>Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits, explain why in Schedul</li></ul>	2	Total expenses (must equal Part IX, column (A), line 25)	2				
5       Net unrealized gains (tossed or newstments	3	Revenue less expenses. Subtract line 2 from line 1	3				
a) a for diffusion game dynamics       a) a b         b) contacted services and use of facilities       b) and the services and use of facilities         7       investment expenses       7         8       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line         33. column (B))       10         110       189,914,904.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other,"         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:       Yes       No         2a       X       X       2a       X         If 'Yes,'' check a box below to indicate whether the financial statements for the year were compiled or aseparate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If 'Yes,'' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17			
Investment expenses 7   Prior period adjustments   Other changes in net assets or fund balances (explain in Schedule O).   Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line   33, column (B))   Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   1   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Mere 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 audited on a separate basis, consolidated basis, or both:   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 organizat	5	Net unrealized gains (losses) on investments	5		2,1	29,	
<ul> <li>a Prior period adjustments</li> <li>b Prior period adjustments</li> <li>c Und balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).</li> <li>c Und balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).</li> <li>c Deck if Schedule O contains a response or note to any line in this Part XII</li> <li>c Deck if Schedule O contains a response or note to any line in this Part XII</li> <li>c Accounting method used to prepare the Form 990: Cash X Accrual Other</li> <li>if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</li> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>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:</li> <li>Separate basis Consolidated basis or both:</li> <li>Separate basis X Consolidated basis in Both consolidated and separate basis</li> <li>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?</li> <li>if the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>3a As a result of a federal award, was the organization 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.</li> </ul>	6	Donated services and use of facilities	6				
<ul> <li>a Prior period adjustments</li> <li>b Prior period adjustments</li> <li>c Prior period adjustments</li> <li>c Prior changes in net assets or fund balances (explain in Schedule O)</li> <li>c Part XII</li> <li>Financial Statements and Reporting</li> <li>c Check if Schedule O contains a response or note to any line in this Part XII</li> <li>c Meck if Schedule O contains a response or note to any line in this Part XII</li> <li>c Meck if Schedule O contains a response or note to any line in this Part XII</li> <li>c Meck if Schedule O contains a response or note to any line in this Part XII</li> <li>c Meck if Schedule O contains a response or note to any line in this Part XII</li> <li>c Meck if Schedule O contains a response or note to any line in this Part XII</li> <li>c Meck if Schedule O adjustments</li> <li>a Accounting method used to prepare the Form 990:</li> <li>c Cash X Accrual</li> <li>o Other</li> <li>if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.</li> <li>b Were the organization's financial statements and the pendent accountant?</li> <li>if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.</li> <li>c Mere the organization's financial statements and selection of an independent accountant?</li> <li>if "Yes," to line 2 a or 2b, does the organization nequired to undergo an audit or audits as set forth in Schedule O.</li> <li>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?</li> <li>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.</li> </ul>	7	Investment expenses	7				0.
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	8	Prior period adjustments	8				
33, column (B))       10       189,914,904.         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:         Separate basis       Consolidated basis, or both:       2b         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Separate basis         Define the organization's financial statements audited by an independent accountant?       2b         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis.       Both consolidated and separate basis         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 Sc	9		9	-	-1,1	27,3	384.
Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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       Both consolidated and separate basis       2b       X         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:       2b       X         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?       2c       X         If "Yes," did fa 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?       3a       X       3a       X         If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b       X <td>10</td> <td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line</td> <th></th> <th></th> <td></td> <td></td> <td></td>	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990: Cash X Accrual Other       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       Za         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         B       Were the organization's financial statements audited by an independent accountant?       2b       X         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         b       Were the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Ze       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       But for yeanization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3a		<u>33,</u> column (B))	10	18	39,9	14,9	904.
1       Accounting method used to prepare the Form 990: Cash X Accrual Other       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?	Part						
1       Accounting method used to prepare the Form 990: Cash X Accrual Other       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2a       X         Separate basis       Consolidated basis, or both:       2b       X         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:       2b       X         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:       2b       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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?       2c       X         3a       As a result of a feder		Check if Schedule O contains a response or note to any line in this Part XII					X
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a Were the organization's financial statements compiled or reviewed by an independent accountant?						Yes	No
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   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   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   X   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?   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.	1						
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements accountant?       2b       X         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:       2b       X         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:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB		If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
2a       Were the organization's matched statements compiled of reviewed by an independent accountant?       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2b       X         Separate basis       Consolidated basis, or both:       Separate basis       Consolidated basis, or both:       2b       X         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       2b       X         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       2b       X         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?       2c       X         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?       3a       X         If "Yes," did the organization undergo the required audit or audits? <td></td> <td>Schedule O.</td> <th></th> <th></th> <td></td> <td></td> <td></td>		Schedule O.					
<ul> <li>reviewed on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>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.</li> </ul>	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li></ul>		If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
<ul> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis X Consolidated basis Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>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.</li> </ul>		reviewed on a separate basis, consolidated basis, or both:					
<ul> <li>b Were the organization's infancial statements addited by an independent accountant?</li> <li>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:</li> <li>Separate basis X Consolidated basis Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>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.</li> </ul>		Separate basis Consolidated basis Both consolidated and separate basis					
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:       Image: Consolid	b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
<ul> <li>separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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.</li> <li>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?</li> <li>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.</li> </ul>							
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.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         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.       3b		separate basis, consolidated basis, or both:					
of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         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?       3a       X         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.       3a       X		Separate basis					
of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         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?       3a       X         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.       3a       X	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: Comparization 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?       Image: Comparization did not 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.       Image: Comparization did not undergo the di				-	2c	Х	
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?       3a       X         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.       3b							
the Single Audit Act and OMB Circular A-133?       3a       X         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.       3a       X							
the Single Audit Act and OMB Circular A-133?       3a       X         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.       3a       X	3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
<b>b</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.       3b					3a		Х
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	b		lergo	the			
					3b		

## SCHEDULE A

Internal Revenue Service

Part I

1

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6 X

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11

12

а

b

university:

Name of the organization WASHINGTON,

INC.

hospital's name, city, and state:

#### (Form 990 or 990-EZ)

# 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. Department of the Treasury

OMB No. 1545-0047 Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Inspection THE JEWISH FEDERATION OF GREATER Employer identification number 53-0212445 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 331/3% 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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.

С	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.

.	Check this box if the organization received a written determination from the IRS that it is a Type II, Type III
	functionally integrated, or Type III non-functionally integrated supporting organization.

е	Check this box if the orga	anization received	a written determinatio	on from t	he IRS th	nat it is a Type I, Type I	I, Type III
	functionally integrated, or	Type III non-funct	ionally integrated sup	porting of	organizat	ion.	
f	Enter the number of supported	l organizations					
g	Provide the following information	on about the supp	orted organization(s).				
	(i) Name of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10	listed in yo	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		ment?	instructions)	instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	I						
For P	aperwork Reduction Act Notice, see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 201

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Schedule A (Form 990 or 990-EZ) 2017

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,460,038.	34,222,779.	34,245,815.	42,670,530.	29,716,816.	171,315,978.
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	30,460,038.	34,222,779.	34,245,815.	42,670,530.	29,716,816.	171,315,978.
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)						14,868,554.
6	Public support. Subtract line 5 from line 4						156,447,424.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30,460,038.	34,222,779.	34,245,815.	42,670,530.	29,716,816.	171,315,978.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	900,131.	646,795.	992,362.	801,689.	507,487.	3,848,464.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH.1</u>	676,239.	755,852.	317,331.	674,630.	556,984.	2,981,036.
11	Total support. Add lines 7 through 10						193,020,473.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
	tion C. Computation of Public Sup	•	-				81.05%
14	Public support percentage for 2017 (li		•			14	79.42%
15	Public support percentage from 2016						
	<b>33</b> 1/3% <b>support test - 2017</b> . If the orgonization q box and <b>stop here</b> . The organization q	ualifies as a pub	licly supported o	organization			▶ X
b	331/3% support test - 2016. If the org this box and stop here. The organization	-					
17a	10%-facts-and-circumstances test - 2			-			
ma	10% or more, and if the organization Part VI how the organization meets t	meets the "fac	cts-and-circumst	ances" test, ch	eck this box ar	nd stop here. E	xplain in
h	organization. 10%-facts-and-circumstances test - 2						▶□
5	15 is 10% or more, and if the orga	-	-				
	Explain in Part VI how the organizati supported organization	on meets the "	facts-and-circum	stances" test.	The organizatio	n qualifies as a	publicly
18	Private foundation. If the organization instructions	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	,

Schedule A (Form 990 or 990-EZ) 2017

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(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						
	Amounts included on lines 1, 2, and 3						
, a	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						
с 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c from						
0							
<u> </u>	tion B. Total Support						
	• •	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2013	(6) 2014	(0) 2010	(0) 2010	(6) 2017	
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
IVa	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						
С	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	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here						<u></u> ▶ <u> </u>
Sec	tion C. Computation of Public Sup		•				
15	Public support percentage for 2017 (line 8,	, column (f) divide	ed by line 13, colur	mn (f))		15	%
16	Public support percentage from 2016 Sche	dule A, Part III, lir	ne 15	<u></u>		16	%
Sec	tion D. Computation of Investment	t Income Perc	entage				
17	Investment income percentage for 2017 (lin	ne 10c, column (	f) divided by line 1	13, column (f))		17	%
18	Investment income percentage from 2016	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2017. If the org					e than 331/3%, a	and line
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2016. If the orga	-	-				
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		-				. —
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1 = 122	1378IT L43V						PAGE 2

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#### Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2017

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Schedu	le A (Form 990 or 990-EZ) 2017		I	Page 5
Part	V Supporting Organizations (continued)		I	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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		
Secti	on 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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
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		Yes	No
	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		
Secti	on 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 ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	<u> </u>
•	Activities Test Answer (a) and (b) holes		Yes	No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> 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? If "Yes," then in <i>Part VI identify</i> <i>those supported organizations and explain</i> 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.	<u>2a</u>		
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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 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? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017			Page
Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Organ           1         Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organiz	zations r	nust complete Sectio	ons 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>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> 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		Supporting Organizat	tions (continued)				
	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	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 <b>Part VI</b> ). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive				
	(provide details in <b>Part VI</b> ). See instructions.						
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017						
	(reasonable cause required-explain in <b>Part VI</b> ). See						
	instructions.						
3	Excess distributions carryover, if any, to 2017						
а							
b	From 2013						
С	From 2014						
d	From 2015						
е	From 2016						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2017 distributable amount						
i	Carryover from 2012 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if						
-	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in <b>Part VI</b> . See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h						
-	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j						
•	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2013						
a b	Excess from 2014						
D C	Excess from 2015						
d	Excess from 2016						
u	Excess from 2017						

Page 8

Schedule A (Form 990 or 990-EZ) 2017

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

SCHEDULE A, PART II -	OTHER INCOME	2			ATTACHMENT 1	
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MISCELLANEOUS INCOME	676,239.	755,852.	317,331.	674,630.	556,984.	2,981,036.
TOTALS	676,239.	755,852.	317,331.	674,630.	556,984.	2,981,036.

## Schedule B

(FOIII 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

Name of the organization

WASHINGTON, INC.

THE JEWISH FEDERATION OF GREATER

53-0212445

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

Employer identification number 53-0212445

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$2,026,355.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$1,311,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$1,377,503.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$1,010,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$1,045,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$1,025,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

JSA

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

Page **2** 

Employer identification number 53-0212445

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$993,520.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

	(Form 990, 990-EZ, or 990-PF) (2017)		Page
Name of or	ganization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.		identification number
Part II	Noncash Property (see instructions). Use duplicate copies		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_1	STOCK		
		\$2,026,355.	06/30/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	STOCK		
		\$1,311,500.	06/30/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			-
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

	(Form 990, 990-EZ, or 990-PF) (2017)			Page 4		
Name of or	rganization THE JEWISH FEDERATION	OF GREATER		Employer identification number		
Part III	WASHINGTON, INC.       53-0212445         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) Us			(d) Description of how gift is held		
	Transferee's name, address, ar	(e) Transf nd ZIP + 4	er of gift 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) Transf	er of aift			
	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			

i

Department of the Treesur

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

► Attach to Form 990.

20 7 Open to Public

OMB No. 1545-0047

	al Revenue Service	► Go to www.irs.gov	/Form990 for instructions and the latest info	rmation. Inspection			
Name	of the organization	THE JEWISH FEDERATION	OF GREATER	Employer identification number			
WAS	HINGTON, INC			53-0212445			
Par	rt Organiza	tions Maintaining Donor Adv	sed Funds or Other Similar Funds o	or Accounts.			
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.				
			(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at e	end of year	230.				
2		of contributions to (during year)	11,847,277.				
3		of grants from (during year)	8,276,398.				
4		at end of year	92,379,910.				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised						
•	funds are the organization's property, subject to the organization's exclusive legal control? $X$ Yes $N$						
6	-		and donor advisors in writing that grant	· · · · · · · · · · · · · · · · · · ·			
•	-	-	fit of the donor or donor advisor, or for				
Pa		ation Easements.	<u> </u>				
- a			"Yes" on Form 990, Part IV, line 7.				
1		nservation easements held by the					
		on of land for public use (e.g., rec		n of a historically important land area			
		of natural habitat	·	of a certified historic structure			
		on of open space					
2			eld a qualified conservation contribution i	n the form of a conservation			
	-	last day of the tax year.		Held at the End of the Tax Year			
а				2a			
b				2b			
c	Total acreage restricted by conservation easements       2b         Number of conservation easements on a certified historic structure included in (a)       2c						
d							
•	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register						
3		-	sferred, released, extinguished, or term				
-	tax year ►						
4	•	where property subject to conse	rvation easement is located				
5	Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
-	-		sements it holds?	-			
6			ting, handling of violations, and enforcing co				
-							
7	Amount of expense	ses incurred in monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the ve			
	▶\$			g ; - ; - ; - ; - ; - ; - ; - ; - ;			
8		vation easement reported on line 2	2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)			
		-					
9			conservation easements in its revenue ar				
		•	f the footnote to the organization's finan	•			
	organization's acc	counting for conservation easeme	nts.				
Pa	rt III Organiza	tions Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar Assets.			
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 8.				
1a	If the organization	n elected, as permitted under SF	AS 116 (ASC 958), not to report in its ar assets held for public exhibition, ed	revenue statement and balance she			
	works of art, his	torical treasures, or other simila	ar assets held for public exhibition, ed	ucation, or research in furtherance			
h			potnote to its financial statements that de				
b			SFAS 116 (ASC 958), to report in its ar assets held for public exhibition, ed				
		ovide the following amounts relati					
	•	•		▶\$			
	• •						
2							
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide th following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:						
а							
				► š			

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

Schedule D (Form 990) 2017

THE JEWISH FEDERATION OF GREATER

	dule D (Form 990) 2017	ng Collections of	Art Hict	orical T	roacur	00	or Oth	or Similar Ac	cote (cor		Page 2
Par		-									,
3	Using the organization's acquisition collection items (check all that app		other recor	as, cneci	k any o	t the	TOIIOW	ing that are a s	significant	use c	of its
а	Public exhibition		d	Loan d	or excha	ange	progra	ns			
b	Scholarly research		е	Other							
С	Preservation for future gene	rations									
4	Provide a description of the organ XIII.	nization's collections	and expla	ain how t	they fur	ther	the or	ganization's exer	mpt purpos	se in	Part
5	During the year, did the organization	on solicit or receive c	Ionations o	fart hist	orical tre	22611		other similar			
5	assets to be sold to raise funds rath								Yes		No
Par					Jiganize		3 001100		103		
ı aı	Complete if the organization		s" on Form	1990 P	art IV li	ine (	) or re	norted an amo	unt on Fo	rm	
	990, Part X, line 21.							-			
1a	Is the organization an agent, truste										-
	included on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	plete the fol	lowing tab	ole:						
								Amoun	t		
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance				[	1f					
2a	Did the organization include an am	nount on Form 990,	Part X, line	21, for e	escrow c	or cu	stodial	account liability?	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the ex	planation	has bee	en pr	ovided	on Part XIII			
Par											
	Complete if the organizat	tion answered "Yes	s" on Form	n 990, Pa	art IV, li	ne 1	0.				
		(a) Current year	<b>(b)</b> Prio	r year	(c) Two	o year	s back	(d) Three years bac	ck (e) Fou	years	back
1a	Beginning of year balance	165,623,751.	138,983	3,610.	139,8	372,	518.	137,424,773	1. 123,	222,	,161.
b	Contributions	15,357,491.	22,729	9,465.	14,1	159,	802.	13,858,699	9. 14,	783,	,350.
	Net investment earnings, gains,										
С	and losses	15,932,675.	17,248	8,998.	-4,7	771,	674.	-556,459	9. 18,	577,	,756.
А	Grants or scholarships	14,719,338.		6,669.			664.	9,821,360			,229.
	-			-		-				-	
е	Other expenditures for facilities		1,83	9,519.		318	,485.	227,280	6.	743	,267
	and programs	709,822.		2,134.			,887.	805,841			
T	Administrative expenses	181,484,757.	165,623					139,872,518		424.	.771.
g	End of year balance								- ,	,	
2 a	Provide the estimated percentage Board designated or quasi-endown			e (ime ig,	column	(a))	neid as	-			
b	Permanent endowment $\blacktriangleright$ 14.9										
	Temporarily restricted endowment										
Ū	The percentages on lines 2a, 2b, a		100%								
3 9	Are there endowment funds not in			tion that	ara hala	d and	1 admir	istored for the			
Ja	organization by:		ie organiza	lition that	are ner		aunni		[	Yes	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations									Х	
h	If "Yes" on line 3a(ii), are the related									X	<u> </u>
		•	•			·			. 50	21	
4 Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment.				lina	110 0	000 [	Dort V line	10	
	Description of property	(a) Cost or		(b) Cost of				cumulated	(d) Book va		
		(invest		(0	ther)			eciation	.,		
1a	Land			2,5	534,10	0.			2,5	34,1	100.
b	Buildings			17,7	41,56	5.	2,6	47,332.	15,0	94,2	233.
С	Leasehold improvements										
d	Equipment			1,3	359,43	9.	9	50,609.	4	08,8	830.
е	Other			1,3	377,83	9.	6	81,164.	б	96,6	675.
Tota	I. Add lines 1a through 1e. (Column		n 990, Part	X, columi	n (B), lin	e 10	c.)		18,7	33,8	338.
											_

Schedule D (Form 990) 2017

#### Page 3

#### Schedule D (Form 990) 2017 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 (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) HEDGE FUNDS 48,612,351 FMV (B) REAL ASSETS 1,921,625. FMV (C) PRIVATE EQUITY 3,528,571 FMV 19,035,763. (D) INTERNATIONAL EQUITY FMV (E) FUND OF FUNDS - PRIVATE EQUITY 11,147,476. FMV (F) (G) (H) 84,245,786. Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related. Part VIII 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 7,863,037. (3) DUE TO AGENCIES 33,498,159 (4) BOND ISSUANCE -137,660 (5)(6)(7)(8)(9)

41,223,536. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

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

Х

Schedu	le D (Form 990) 2017				Page 4
Part				n.	
	Complete if the organization answered "Yes" on Form 990, Part N				46 006 500
1	Total revenue, gains, and other support per audited financial statements			1	46,226,523.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		0 100 550		
а	Net unrealized gains (losses) on investments	2a	2,129,773.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	759,193.		
е	Add lines 2a through 2d			2e	2,888,966.
3	Subtract line 2e from line 1			3	43,337,557.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	253,630.		
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	253,630.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			5	43,591,187.
Part	XII Reconciliation of Expenses per Audited Financial Statements W	Vith E	xpenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part I	√, line	12a.		
1	Total expenses and losses per audited financial statements			1	30,768,358.
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	373,486.		
e	Add lines 2a through 2d	·		2e	373,486.
3	Subtract line 2e from line 1			3	30,394,872.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	iiii		-	
-		4a	253,630.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		,		
b	Other (Describe in Part XIII.)			4c	253,630.
с 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )			5	30,648,502.
-	XIII Supplemental Information.			J	20,010,002.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV	. lines 1b and 2b: Pa	art V. li	ine 4: Part X. line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

### PART V, LINE 4:

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

## PART X, LINE 2

THE FEDERATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED. THE FEDERATION'S MANAGEMENT BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND; ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. FOR THE YEAR ENDED JUNE 30, 2018, THE FEDERATION DID NO PAY INTEREST AND PENALTIES.

THE TAX YEARS ENDED JUNE 30, 2016, 2017, AND 2018, 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 EVENT EXPENSES NETTED AGAINST INCOME	\$ 373,482
UNREALIZED GAIN ON INTEREST RATE SWAPS	385,711
TOTAL LINE 2D, OTHER NOT ON 990 AS REVENUE	\$ 759,193

\$ 373,482

PART XII, LI	ine 2d				
FUNDRAISING	EVENT	EXPENSES	NETTED	AGAINST	INCOME

ROUNDING		\$ 4
TOTAL LINE 2D,	OTHER NOT ON 990 AS EXPENSE	\$ 373,486

		tater	nent of A	ctivities	Outside the Unit	ted States	OMB No. 1545-0047
(Fo	rm 990) ► c	complete	e if the organiza		"Yes" on Form 990, Part IV,	line 14b, 15, or 16.	2017
	tment of the Treasury al Revenue Service	► 0	o to www.irs.go		to Form 990. nstructions and the latest in	formation.	Open to Public Inspection
	of the organization THE JE HINGTON, INC.	WISH	FEDERATION	I OF GREAT	ER	Employer ide 53-02	ntification number
Par				Outside the U	Inited States. Complete i		
1	For grantmakers. Does the assistance, the grantees' grants or assistance?	he orga eligibili	nization mainta ity for the gran	ts or assistanc	substantiate the amount of e, and the selection criteri	a used to award the	Yes No
2	For grantmakers. Descuassistance outside the Ur			ganization's p	rocedures for monitoring	the use of its gra	nts and other
3	Activities per Region. (Th	ne follov	ving Part I, line	3 table can b	e duplicated if additional sp	ace is needed.)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d a program service, describe specific type service(s) in the regio	of expenditures for and investments
_(1)	MIDDLE EAST AND NORTH AF	RICA	0.	0.	INVESTMENTS	ISRAEL BONDS	3,881,250.
(2)	CENTRAL AMERICA/CARIBBEA	N	0.	0.	INVESTMENTS	INVESTMENTS	47,225,552.
(3)	EUROPE		0.	0.	INVESTMENTS	INVESTMENTS	12,020,526.
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
<u>(15)</u>							
<u>(16)</u>							
<u>(17)</u>							
3a b	Sub-total Total from contin						63,127,328.
с	sheets to Part I <b>Totals</b> (add lines 3a ar						63,127,328.

 c
 Totals (add lines 3a and 3b)

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

 JSA

 7E1274 1.000

 1378IT

### THE JEWISH FEDERATION OF GREATER

Page 2

Schedule F (Form 990) 2017

Part II	<b>Grants and Other Assis</b> Part IV, line 15, for any r	ecipient who receive	ed more than \$5,000.	Part II can be	States. Complete duplicated if addit	e if the orgar tional space i	nization answered s needed.	d "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
<u>(11)</u>									
(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

Schedule F (Form 990) 2017

►

Schedule F (Form 990) 2017

## Page 3

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
0)							
11)							
2)							
3)							
4)							
5)							
6)							
8)							

Schedule F (Form 990) 2017

JSA 7E1276 1.000 THE JEWISH FEDERATION OF GREATER

Sched	ule F (Form 990) 2017				Page <b>4</b>
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)	X	/es	No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	ר <u>ו</u>	/es	X No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X	/es	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)	X	/es	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)	X	/es	No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	<u> </u>	/es	X No	

Schedule F (Form 990) 2017

Page 5

Schedule F (Form 990) 2017

## Part V

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

SCHEDULE G	Supplement	tal Information R	egarding	, Fundrai	sing or Gaming	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		he organization answer organization entered n				9, or if the	2017
Department of the Treasury		Attach	to Form 990	or Form 990	D-EZ.		Open to Public
Internal Revenue Service Name of the organization				) for the late	st instructions.	Employer identification	Inspection
WASHINGTON, INC	THE JEWISH FEI	DERAIION OF G	REALER			53-0212445	in number
Part I Fundrais	ing Activities. Com 0-EZ filers are not i				I "Yes" on Form 9	990, Part IV, line	17.
	the organization rais				activities. Check a	all that apply.	
a 🛛 Mail solicita	0	e	Solic	citation of	non-government g	rants	
V S	email solicitations	f			government grants	3	
c X Phone solic d X In-person so		g		cial fundra	ising events		
2a Did the organiza		r oral agreement w	ith any ind	dividual (ir	ncluding officers, d	irectors, trustees, _	
or key employee <b>b</b> If "Yes," list the	es listed in Form 990, 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	X Yes No fundraiser is to be
(i) Name and addi or entity (fu		<b>(ii)</b> Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No			
1							
ATTACHMENT 1							
3							
4							
5							
6							
7							
8							
9							
10							
Total					243,847.	38,113.	205,734.
3 List all states in	which the organizat	tion is registered o	r licensed	d to solicit	contributions or	has been notified	it is exempt from
registration or lic	ensing.						

## Schedule G (Form 990 or 990-EZ) 2017

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 ISRAEL @ 70	(b) Event #2 NETWORK KICKOF	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Aeveilue	1	Gross receipts	112,502.	155,500.	49,549.	317,55
		Less: Contributions		33,405.	32,387.	65,79
	3	Gross income (line 1 minus line 2)	112,502.	122,095.	17,162.	251,75
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	25,258.	39,142.	4,882.	69,28
	7	Food and beverages	10,048.	37,682.	9,551.	57,28
	8	Entertainment				
	9	Other direct expenses	106,920.	44,571.	85,597.	237,08
		Direct expense summary. Add lines 4	through 9 in column (d	)		363,65
1 ar	1	Net income summary. Subtract line 1 Gaming. Complete if the orga	0 from line 3, column (d	) [	• IV ( line 40 en ener	-111,89
al		than \$15,000 on Form 990-E	Z, line 6a.	es on Form 990, Par	t iv, line 19, of repo	
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
2	1	Gross revenue				
	2	Cash prizes				
	3	Cash prizes				
2000000	3 4	Cash prizes Noncash prizes Rent/facility costs				
_	3 4 5	Cash prizes			Yes% No	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	No	No	
	3 4 5 6 7	Cash prizes	Yes% No 2 through 5 in column (d)	)	No►	
	3 4 5 6 7 8	Cash prizes	Yes% No 2 through 5 in column (d) act line 7 from line 1, col	No No	No►	
) a	3 4 5 6 7 8 EI	Cash prizes	Yes% No 2 through 5 in column (d) act line 7 from line 1, col tion conducts gaming ac gaming activities in each	No No	No No	Yes No
) a	3 4 5 6 7 8 EI	Cash prizes	Yes% No 2 through 5 in column (d) act line 7 from line 1, col tion conducts gaming ac gaming activities in each	No No	No No	Yes No
d c C Direct E)	3 4 5 6 7 8 Is If	Cash prizes	Yes% No% 2 through 5 in column (d) act line 7 from line 1, col tion conducts gaming ac gaming activities in each	No           lumn (d)           stivities:           of these states?	No ►	

Schedule G (Form 990 or 990-EZ) 2017

|--|

	THE JEWISH FEDERATION OF GREATER	53-0ZI	2445	
Sched	ule G (Form 990 or 990-EZ) 2017			Page <b>3</b>
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 enti			
	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			%
14	Enter the name and address of the person who prepares the organization's gaming/special events bool			/0
17	records:			
	Nama N			
	Name ►			
	Address			
45 -	Does the organization have a contract with a third party from whom the organization receives	aomina		
15 a		• •		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$	and the		
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Coming manager information:			
16	Gaming manager information:			
	Nama N			
	Name			
	Gaming manager compensation ► \$			
	Description of complete manifold N			
	Description of services provided			
	Director/officer Employee Independent contractor			
4-				
17	Mandatory distributions:	<b>.</b> .		
а	Is the organization required under state law to make charitable distributions from the gaming pr			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org	anizations		
	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$			
Par				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	onal inforr	mation	
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2017

53-0212445

ATTACHMENT 1

990,	SCHEDULE	G,	PART	Ι	-	HIGHEST	PAID	FUNDRAISER
------	----------	----	------	---	---	---------	------	------------

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION	
TARGET OUTREACH, INC.	TELEPHONE CALLS	x	243,847.	38,113.	205,734.	
2006 SOUTHERN BLVD., STE 101 RIO RANCHO NM 87124						

			Assistance t ndividuals in	-	•	-	OMB No. 1545-0047						
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.								
Department of the Treasury		► At	tach to Form 990.				Open to Public						
Internal Revenue Service			/Form990 for the l	atest information	ı.		Inspection						
Name of the organization THE JEWISH FEDERA	TION OF G	REATER				Employer identifi							
WASHINGTON, INC.						53-02124	45						
Part I General Information on Grants and													
<ol> <li>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?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> <li>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form</li> </ol>													
990, Part IV, line 21, for any recip	ent that rec	eived more the	an \$5,000. Part II	can be duplicat	ed if additional space	ce is needed.							
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance						
(1) ADAS ISRAEL CONGREGATION													
2850 QUEBEC STREET, NW WASHINGTON, DC 20008	53-0196563	501(C)(3)	70,574.				SEE PART IV, TYPE B						
(2) ADMIRALS COVE FOUNDATION													
200 ADMIRALS COVE BLVD JUPITER, FL 33477	59-3786373	501(C)(3)	20,000.				SEE PART IV, TYPE A						
(3) ADVERTISING COUNCIL INC													
815 SECOND AVE NEW YORK, NY 10017	13-0417693	501(C)(3)	15,000.				SEE PART IV, TYPE A						
(4) AISH CAMPUS BOSTON													
14 EMBASSY ROAD BRIGHTON, MA 02135	27-0406939	501(C)(3)	6,000.				SEE PART IV, TYPE A						
(5) AISH HATORAH OF DC													
11418 OLD GT RD N.BETHESDA, MD 20852	94-3094990	501(C)(3)	84,090.				SEE PART IV, TYPE A						
(6) AISH SEMINARS													
6012 ROSELAND DR. ROCKVILLE, MD 20852	26-3589821	501(C)(3)	5,500.				SEE PART IV, TYPE A						
(7) ALEF BET MONTESSORI SCHOOL													
7300 WHITTIER BLVD BETHESDA, MD 20817	20-8512281	501(C)(3)	133,500.				SEE PART IV, TYPE A						
(8) ALEPH BET JEWISH DAY SCHOOL	_												
1125 SPA ROAD ANNAPOLIS, MD 21403	52-1655743	501(C)(3)	7,325.				SEE PART IV, TYPE B						
(9) ALEXANDER MUSS INSTITUTE													
78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	59-0173782	501(C)(3)	10,274.				SEE PART IV, TYPE C						
(10) ALZHEIMER'S DRUG DISCOVERY FOUNDATION	_												
57 WEST 57TH STREET NEW YORK, NY 10019	20-1082179	501(C)(3)	8,500.				SEE PART IV, TYPE A						
(11) AMERICAN ENTERPRISE INSTITUTE	_												
1150 17TH STREET NW WASHINGTON, DC 20036	53-0218495	501(C)(3)	10,000.				SEE PART IV, TYPE A						
(12) AMERICAN FRIENDS OF LEKET ISRAEL	4												
101 CEDAR LANE STE 306 TEANECK, NJ 07666	20-8202424	501(C)(3)	41,800.				SEE PART IV, TYPE A						
2 Enter total number of section 501(c)(3) and	-	-					•						
3 Enter total number of other organizations list	ted in the line	1 table				<u></u>	•						

			Assistance t ndividuals in	-	•	-	OMB No. 1545-0047 എ <b>ി 1 7</b>					
		•	wered "Yes" on F				2017					
Department of the Treasury		-	tach to Form 990.		,		Open to Public					
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	1.		Inspection					
Name of the organization THE JEWISH FEDERA	TION OF G	REATER				Employer identifi	cation number					
WASHINGTON, INC.						53-02124	45					
Part I General Information on Grants and	d Assistanc	е										
<ol> <li>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?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ol> Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form												
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 noncash assistance	(h) Purpose of grant or assistance					
(1) AMERICAN FRIENDS OF MAGEN DAVID ADOM												
3300 PGA BLVD PALM BEACH GARDENS, FL 33410	13-1790719	501(C)(3)	9,270.				SEE PART IV, TYPE A					
(2) AMERICAN FRIENDS OF SHALVA, INC												
315 FIFTH AVENUE NEW YORK, NY 10016	56-2676533	501(C)(3)	17,800.				SEE PART IV, TYPE A					
(3) AMERICAN FRIENDS OF SUNRISE ISRAEL												
15 NEIL COURT OCEANSIDE, NY 11572	46-5555854	501(C)(3)	20,000.				SEE PART IV, TYPE C					
(4) AMERICAN FRIENDS OF THE ISRAEL MUSEUM												
545 FIFTH AVE NEW YORK, NY 10017	23-7182582	501(C)(3)	60,321.				SEE PART IV, TYPE C					
(5) AMERICAN FRIENDS OF YAHAD-IN UNUM												
25 WEST 45TH STREET NEW YORK, NY 10036	26-3468570	501(C)(3)	15,000.				SEE PART IV, TYPE A					
(6) AMERICAN ISRAEL EDUCATION FOUNDATION												
251 H STREET, N.W. WASHINGTON, DC 20001	52-1623781	501(C)(3)	120,000.				SEE PART IV, TYPE A					
(7) AMERICAN JEWISH COMMITTEE												
1156 15TH STREET, NW WASHINGTON, DC 20005	13-5563393	501(C)(3)	17,461.				SEE PART IV, TYPE B					
(8) AMERICAN UNIVERSITY	_											
4400 MASS AVE NW WASHINGTON, DC 20016	52-6066696	501(C)(3)	11,180.				SEE PART IV, TYPE A					
(9) AMERICAN UNIVERSITY - HILLEL - KAY SPIRITUA												
4400 MASS AVE NW WASHINGTON, DC 20016	52-6066696	501(C)(3)	25,523.				SEE PART IV, TYPE E					
(10) ANERICAN NATIONAL RED CROSS	_											
8550 ARLINGTON BLVD FAIRFAX, VA 22031	53-0196605	501(C)(3)	10,000.				SEE PART IV, TYPE A					
(11) ANTI DEFAMATION LEAGUE	_											
1100 CONNECTICUT AVE WASHINGTON, DC 20036	13-1818723	501(C)(3)	12,923.				SEE PART IV, TYPE B					
(12) ARTISTS 4 ISRAEL	4											
1060 S COCHRAN AVENUE LOS ANGELES, CA 90019	80-0415734	501(C)(3)	15,000.				SEE PART IV, TYPE B					
2 Enter total number of section 501(c)(3) and	-	-										
3 Enter total number of other organizations lis	ted in the line	1 table			<u> </u>	<u></u>						

SCHEDULE I	(	Grants a	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047				
(Form 990)	Go	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		ର୍ଲ <b>୩</b> ७				
			,	wered "Yes" on F				2017				
			-	tach to Form 990.	onn 000, 1 al 11	,		Open to Public				
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information	1.		Inspection				
Name of the organization	THE JEWISH FEDERA	TION OF G	REATER				Employer identifi	cation number				
WASHINGTON, INC	2.						53-02124	45				
Part I General I	nformation on Grants and	d Assistanc	e									
1 Does the organi	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?												
<ul> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>												
	<u> </u>					nlete if the organize	ation answered "	es" on Form				
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.												
990, Fait	TV, III e 21, IOI ally recip			an \$5,000. Fait ii		•	Je is needed.					
	d address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) ASIAN PACIFIC ISI	ANDER DOM VIOLENCE RESOURC											
	SHINGTON, DC 20044	52-2027991	501(C)(3)	12,000.				SEE PART IV, TYPE C				
(2) AVODAH												
	8TH FL NEW YORK, NY 10018	13-3914342	501(C)(3)	22,350.				SEE PART IV, TYPE B				
(3) BARKER FOUNDATION	I INC.											
7979 OLD GEORGETC	WN RD BETHESDA, MD 20814	52-0642791	501(C)(3)	11,613.				SEE PART IV, TYPE A				
(4) BENDER JCC OF GRE	EATER WASHINGTON											
6125 MONTROSE RD	ROCKVILLE, MD 20852	53-0205921	501(C)(3)	150,296.				SEE PART IV, TYPE B				
(5) BENDER JEWISH COM	1 CTR OF GREATER WASHINGTON											
6125 MONTROSE RD	ROCKVILLE, MD 20852	53-0205921	501(C)(3)	774,063.				SEE PART IV, TYPE D				
(6) BERMAN HEBREW ACA	ADEMY											
13300 ARCTIC AVEN	IUE ROCKVILLE, MD 20853	53-0208371	501(C)(3)	318,289.				SEE PART IV, TYPE E				
(7) BETH SHOLOM CONGF	REGATION AND TALMUD TORAH											
	RD POTOMAC, MD 20854	53-0196574	501(C)(3)	9,330.				SEE PART IV, TYPE A				
(8) BIBLICAL ARCHAEOI	JOGY SOCIETY	_										
	NW WASHINGTON, DC 20016	23-7416300	501(C)(3)	50,000.				SEE PART IV, TYPE A				
(9) BIKUR CHOLIM OF G	REATER WASHINGTON	_										
	RIVE ROCKVILLE, MD 20852	52-2026976	501(C)(3)	16,344.				SEE PART IV, TYPE B				
(10) B'NAI BRITH YOUTH	I ORGANIZATION	_										
6125 MONTROSE RD	ROCKVILLE, MD 20852	31-1794932	501(C)(3)	48,294.				SEE PART IV, TYPE D				
(11) B'NAI B'RITH YOUT	TH ORGANIZATION (BBYO)	_										
	C, NW WASHINGTON, DC 20001	31-1794932	501(C)(3)	90,819.				SEE PART IV, TYPE B				
(12) BNAI ISRAEL CONGR		-										
	ROCKVILLE, MD 20852		501(C)(3)	17,329.				SEE PART IV, TYPE A				
	per of section 501(c)(3) and	0	0									
3 Enter total numb	per of other organizations list	ted in the line	1 table				<u></u>					

(Form 990) Go	vernme	nts, and Ir	Assistance t ndividuals in	n the United	d States	F	OMB No. 1545-0047						
Com													
Department of the Treasury			tach to Form 990.				Open to Public						
Internal Revenue Service			/Form990 for the l	atest information	າ.		Inspection						
Name of the organization THE JEWISH FEDERA	TION OF G	REATER				Employer identif							
WASHINGTON, INC.						53-02124	45						
Part I General Information on Grants and													
<ol> <li>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?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> <li>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form</li> </ol>													
990, Part IV, line 21, for any recipi		-											
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 noncash assistance	(h) Purpose of grant or assistance						
(1) B'NAI SHALOM OF OLNEY													
18401 BURTFIELD DRIVE OLNEY, MD 20832	52-0981756	501(C)(3)	19,800.				SEE PART IV, TYPE A						
(2) B'NEI AKIVA OF THE US AND CANADA													
520 8TH AVENUE 15TH FL NEW YORK, NY 10018	13-3713762	501(C)(3)	5,250.				SEE PART IV, TYPE C						
(3) BOWDOIN COLLEGE													
4100 COLLEGE STATION BRUNSWICK, ME 04011	01-0215213	501(C)(3)	10,000.				SEE PART IV, TYPE A						
(4) BRAIN AND BEHAVIOR RESEARCH FOUNDATION													
90 PARK AVE. 16TH FL NEW YORK, NY 10157	31-1020010	501(C)(3)	30,000.				SEE PART IV, TYPE A						
(5) BREM FOUNDATION													
8121 GEORGIA AVE SILVER SPRING, MD 20910	20-2756827	501(C)(3)	5,450.				SEE PART IV, TYPE A						
(6) CAMP RAMAH IN NEW ENGLAND													
1206 BOSTON PROVIDENCE HWY NORWOOD MA 20602	04-3035964	501(C)(3)	12,000.				SEE PART IV, TYPE A						
(7) CAMPAIGN FOR THE FAIR SENTENCING OF YOUTH													
1319 F ST NW WASHINGTON, DC 20004	27-3761788	501(C)(3)	11,000.				SEE PART IV, TYPE A						
(8) CAPITAL CAMPS AND RETREAT CENTER													
11300 ROCKVILLE PIKE ROCKVILLE, MD 50852	52-1515202	501(C)(3)	137,450.				SEE PART IV, TYPE B						
(9) CAPITAL CAMPS AND RETREAT CENTER (CCRC)													
11300 ROCKVILLE PIKE ROCKVILLE, MD 20852	52-1515202	501(C)(3)	144,778.				SEE PART IV, TYPE D						
(10) CAPITAL JEWISH MUSEUM	_												
1319 F ST NW, STE 810 WASHINGTON, DC 20004	52-6064549	501(C)(3)	35,723.				SEE PART IV, TYPE B						
(11) CATAWBA COLLEGE	_												
2300 W. INNES STREET SALISBURY, NC 28144	56-0530251	501(C)(3)	85,000.				SEE PART IV, TYPE A						
(12) CENTER FOR CREATIVE CHANGE	_												
4115 WISCONSIN AVE NW WASHINGTON, DC 20852	31-1801544		35,150.	l			SEE PART IV, TYPE A						
2 Enter total number of section 501(c)(3) and	-	-					•						
3 Enter total number of other organizations list	ted in the line	1 table			<u> </u>	<u></u>	<u>۲</u>						

SCHEDULE I		Grants a	nd Other A	Assistance t	o Organiza	itions,		OMB No. 1545-0047				
(Form 990)	Governments, and Individuals in the United States											
				wered "Yes" on F				2017				
			-	tach to Form 990.	0111 000, 1 0111	,		Open to Public				
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the	atest information	1.		Inspection				
Name of the organization	THE JEWISH FEDERA	TION OF C	GREATER				Employer identifi	cation number				
WASHINGTON, INC	2.						53-02124	45				
Part I General I	nformation on Grants an	d Assistanc	е									
1 Does the organiz	zation maintain records to s	ubstantiate th	he amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and					
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?												
	IV the organization's proce											
	nd Other Assistance to D		-	-		ploto if the organiz	ation answord "	/os" on Form				
			-									
990, Part	IV, line 21, for any recip	lent that rec	eived more th	an \$5,000. Part II	can be duplicat	•	ce is needed.					
	d address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) CHABAD OF GREATER	BOSTON											
	AVE BOSTON, MA 02215	04-2601026	501(C)(3)	7,000.				SEE PART IV, TYPE A				
(2) CHABAD SHUL OF PC	TOMAC											
11621 SEVEN LOCKS	ROAD POTOMAC, MD 20854	41-2100349	501(C)(3)	28,880.				SEE PART IV, TYPE A				
(3) CHARLES E SMITH J	WEWISH DAY SCHOOL											
1901 E JEFFERSON	ST ROCKVILLE, MD 20852	52-0961920	501(C)(3)	466,724.				SEE PART IV, TYPE E				
(4) CHARLES E SMITH J	WEWISH DAY SCHOOL											
1902 EAST JEFFERS	SON ST ROCKVILLE, MD 20852	52-0961920	501(C)(3)	188,945.				SEE PART IV, TYPE B				
(5) CHARLES E SMITH L	IFE COMMUNITIES											
6121 MONTROSE ROA	D ROCKVILLE, MD 20852	53-0196508	501(C)(3)	73,361.				SEE PART IV, TYPE B				
(6) COMMUNITIES TOGET	THER INC											
3 BETHESDA METRO	CENTER BETHESDA, MD 20814	81-4614744	501(C)(3)	11,500.				SEE PART IV, TYPE A				
(7) CONGREGATION BETH	I EL OF MONTGOMERY COUNTY											
	WWN RD BETHESDA, MD 20814	52-0698176	501(C)(3)	18,700.				SEE PART IV, TYPE A				
(8) CONGREGATION B'NA	AI TZEDEK	_										
	RD POTOMAC, MD 20854	52-1619672	501(C)(3)	27,500.				SEE PART IV, TYPE A				
(9) CORNELL UNIVERSIT	Y	_										
BOX 223623 PITTSE	BURG, PA 15251	15-0532082	501(C)(3)	25,000.				SEE PART IV, TYPE A				
(10) EDLAVITCH DC JCC		_										
1529 16TH ST NW W	ASHINGTON, DC 20036	52-1398151	501(C)(3)	245,752.				SEE PART IV, TYPE B				
(11) EDLAVITCH WASHING	TON DC JEWISH COM CENTER	_										
1529 16TH ST NW W	ASHINGTON, DC 20036	52-1398151	501(C)(3)	399,432.				SEE PART IV, TYPE D				
(12) EMMA KAUFMANN CAM	IP	4										
	PITTSBURGH, PA 15217	25-1094514	501(C)(3)	5,400.				SEE PART IV, TYPE D				
	per of section 501(c)(3) and	-	-									
3 Enter total numb	per of other organizations lis	ted in the line	e 1 table	<u></u>		<u></u>	<u></u>					

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	itions,	L	OMB No. 1545-0047					
(Form 990) GC	Governments, and Individuals in the United States											
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.		2017					
Department of the Treasury		-	tach to Form 990.	<b>,</b>			Open to Public					
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection					
Name of the organization THE JEWISH FEDERA	TION OF G	FREATER				Employer identifi	cation number					
WASHINGTON, INC.						53-02124	45					
Part I General Information on Grants an	d Assistanc	е				•						
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?												
<ul> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>												
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organization	ation answered "	 es" on Form					
990, Part IV, line 21, for any recip		-										
			ſ									
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
					other							
(1) EMMA'S TORCH 257 15TH STREET STE 404 BROOKLYN, NY 11215	81-3651292	501(C)(3)	25,000.				SEE PART IV, TYPE A					
(2) ENDOWMENT FOR MIDDLE EAST TRUTH	81-3031292	501(0)(3)	25,000.				SEE PARI IV, IIPE A					
1146 19TH ST NW 5TH FL WASHINGTON, DC 20036	20-4329740	501(C)(3)	27,594.				SEE PART IV, TYPE A					
(3) EVERYTOWN FOR GUN SAFETY SUPPORT FUND	20 4525740	501(0)(3)	27,354.									
P.O. BOX 4184 NEW YORK, NY 10163	26-1598353	501(C)(3)	6,800.				SEE PART IV, TYPE A					
(4) FOOD AND FRIENDS	10 100000	502(0)(0)										
219 RIGGS ROAD, NE WASHINGTON, DC 20011	52-1648941	501(C)(3)	5,402.				SEE PART IV, TYPE B					
(5) FRIENDS OF ISRAEL SCOUTS INC - TZOFIM												
575 8TH AVE, 11TH FLOOR NEW YORK, NY 10018	13-3843506	501(C)(3)	5,824.				SEE PART IV, TYPE D					
(6) FRIENDS OF THE ISRAELI DEFENSE FORCES												
P.O.BOX 395 STEVENSON, MD 21153	13-3156445	501(C)(3)	7,680.				SEE PART IV, TYPE A					
(7) FRIENDSHIP CIRCLE INC												
11621 SEVEN LOCKS RD POTOMAC, MD 20854	26-0817688	501(C)(3)	25,987.				SEE PART IV, TYPE A					
(8) FUND FOR ISRAEL'S TOMORROW												
7777 BONHOMME AVE CLAYTON, MO 63105	35-2374190	501(C)(3)	50,000.				SEE PART IV, TYPE A					
(9) GATHERDC												
1817 M STREET NW WASHINGTON, DC 20036	81-2318776	501(C)(3)	20,000.				SEE PART IV, TYPE B					
(10) GEORGE MASON UNIVERSITY - HILLEL												
4400 UNIVERSITY BLVD FAIRFAX, VA 22030	52-2232458	501(C)(3)	25,523.				SEE PART IV, TYPE E					
(11) GEORGE WASHINGTON UNIV - HILLEL -GEWIRZ CTR												
2300 H STREET, NW WASHINGTON, DC 20037	52-0749507	501(C)(3)	55,687.				SEE PART IV, TYPE E					
(12) GEORGE WASHINGTON UNIV- HILLEL -GEWIRZ CTR												
2300 H STREET, NW WASHINGTON, DC 20037	52-0749507	501(C)(3)	55,687.				SEE PART IV, TYPE B					
2 Enter total number of section 501(c)(3) and												
3 Enter total number of other organizations lis	ted in the line	1 table				<u></u>						

SCHEDULE I	(	Grants a	nd Other A	Assistance t	o Organiza	itions,		OMB No. 1545-0047		
(Form 990)	Governments, and Individuals in the United States									
			•	wered "Yes" on F				2017		
	oom		-	tach to Form 990.				Open to Public		
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the l	atest information	۱.		Inspection		
Name of the organization	THE JEWISH FEDERA						Employer identif	cation number		
WASHINGTON, INC	1						53-02124	45		
Part I General Ir	nformation on Grants and	d Assistanc	e							
1 Does the organiz	ation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance. and	1		
0	eria used to award the grant			0	, 0	0,00		X Yes No		
	IV the organization's proced									
	d Other Assistance to D			0		nlete if the organize	ation answered "	/es" on Form		
			-							
990, Part	IV, line 21, for any recipi			an \$5,000. Part ii			ce is needed.			
	d address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) GEORGETOWN DAY SC	HOOL									
	VD NW WASHINGTON, DC 20007	53-0204701	501(C)(3)	6,750.				SEE PART IV, TYPE A		
(2) GESHER JEWISH DAY	SCHOOL									
4700 SHIRLEY GATE	RD FAIRFAX, VA 22030	54-1201968	501(C)(3)	286,728.				SEE PART IV, TYPE E		
(3) GESHER SCHOOL INC										
4800 MATTIE MOORE	COURT FAIRFAX, VA 22030	54-1201968	501(C)(3)	41,187.				SEE PART IV, TYPE B		
(4) GREATER MIAMI JEW	ISH FEDERATION									
4200 BISCAYNE BLV	D MIAMI, FL 33137	59-0624404	501(C)(3)	50,000.				SEE PART IV, TYPE A		
(5) GREATER WASHINGTO	N COMMUNITY KOLLEL									
10900 LOCKWOOD DR	SILVER SPRING, MD 20901	26-2294078	501(C)(3)	15,000.				SEE PART IV, TYPE A		
(6) HABONIM DROR OF N	ORTH AMERICA									
1000 DEAN ST. # 3	53 BROOKLYN, NY 11238	11-3301957	501(C)(3)	10,500.				SEE PART IV, TYPE C		
(7) HADASSAH THE WOME	N ZIONIST ORGANIZATION OF									
50 W. 58TH STREET	NEW YORK, NY 10019	13-1656651	501(C)(3)	27,713.				SEE PART IV, TYPE B		
(8) HAROLD GRINSPOON	FOUNDATION	_								
67 HUNT STREET AN		04-6685725	501(C)(3)	10,000.				SEE PART IV, TYPE A		
(9) HASBARA FELLOWSHI	PS	_								
313 WEST 83RD. ST	REET NEW YORL, NY 10024	20-1651102	501(C)(3)	10,000.				SEE PART IV, TYPE A		
(10) HEBREW IMMIGRANT	AID SOCIETY (HIAS)	_								
411 FIFTH AVE STE	1006 NEW YORK, NY 10016	13-5633307	501(C)(3)	41,092.				SEE PART IV, TYPE B		
(11) HENRY SCHEIN CARE	S FOUNDATION	_								
135 DURYEA ROAD M	ELVILLE, NY 11747	26-4137268	501(C)(3)	36,000.				SEE PART IV, TYPE A		
(12) HILLEL AT BARUCH	COLLEGE	4								
	UE NEW YORK, NY 10010		501(C)(3)	25,000.				SEE PART IV, TYPE A		
	er of section 501(c)(3) and	-	-					•		
3 Enter total numb	er of other organizations list	ted in the line	1 table				<u></u>			

SCHEDULE I				Assistance t				OMB No. 1545-0047				
(Form 990)	Go	overnmei	nts, and Ir	ndividuals ir	n the Unite	d States		2017				
	Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.						
Department of the Treasury			► At	tach to Form 990.				Open to Public				
Internal Revenue Service		► Go	to www.irs.gov	//Form990 for the I	atest information	۱.		Inspection				
Name of the organization TH	IE JEWISH FEDERA	TION OF G	REATER				Employer identifie	ation number				
WASHINGTON, INC.							53-02124	15				
Part I General Inform	nation on Grants and	d Assistanc	e									
<ol> <li>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?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ol>												
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form												
990, Part IV, lii	ne 21, for any recip	ient that rec	eived more the	an \$5,000. Part II	can be duplicat	ed if additional space	ce is needed.					
<b>1 (a)</b> Name and addre or govern		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) HILLEL SCHUSTERMAN INTH	ERNATIONAL CENTER											
800 EIGHTH ST, NW WASH		11-3285824	501(C)(3)	10,000.				SEE PART IV, TYPE A				
(2) HILLEL: THE FDN FOR JEW	WISH CAMPUS LIFE											
800 EIGHTH ST, NW WASH	INGTON, DC 20001	52-1844823	501(C)(3)	10,000.				SEE PART IV, TYPE A				
(3) HONEYMOON ISRAEL												
6070 WHITEGATE XING EAS	ST AMHERST, NY 14051	47-1291052	501(C)(3)	86,745.				SEE PART IV, TYPE C				
(4) HOPE FOR HENRY FOUNDAT	ION											
2440 WISCONSIN AVE NW W	WASHINGTON, DC 20007	20-0244173	501(C)(3)	28,190.				SEE PART IV, TYPE A				
(5) INSTITUTE FOR AMERICAN	JUDAISM											
11925 GAINSBOROUGH ROAI	D POTOMAC, MD 20854	46-4073366	501(C)(3)	20,000.				SEE PART IV, TYPE A				
(6) ISRAEL EMERGENCY ALLIAN	NCE											
6505 WILSHIRE BLVD LOS	ANGELES, CA 90048	01-0566033	501(C)(3)	143,500.				SEE PART IV, TYPE A				
(7) J STREET EDUCATION FUNI	D											
1828 L STREET NW WASHIN	NGTON, DC 20036	20-2777557	501(C)(3)	7,800.				SEE PART IV, TYPE A				
(8) JCC OF NORTHERN VIRGIN	IA	_										
8900 LITTLE RIVER TPK H	FAIRFAX, VA 22031	54-1145849	501(C)(3)	180,010.				SEE PART IV, TYPE B				
(9) JEWISH AGENCY FOR ISRAE	EL	_										
633 3RD AVENUE, 21ST FI		23-0053483	501(C)(3)	5,657.				SEE PART IV, TYPE C				
(10) JEWISH ASSOCIATION FOR	RESIDENTIAL CARE INC	_										
21160 95TH AVENUE S BOO	CA RATON, FL 33428	65-1131701	501(C)(3)	15,000.				SEE PART IV, TYPE A				
(11) JEWISH CARING NETWORK	(TIKVA HOUSE)	_										
122 SLADE AVENUE BALTIN		52-2224452	501(C)(3)	9,000.				SEE PART IV, TYPE A				
(12) JEWISH COALITION AGAINS		4										
133 ROLLINS AVENUE ROCH		52-2259318	501(C)(3)	51,110.				SEE PART IV, TYPE B				
2 Enter total number of		-	-									
3 Enter total number of	other organizations list	ted in the line	1 table			<u></u>	<u></u>					

			Assistance t ndividuals in	•	•	-	OMB No. 1545-0047					
Com	olete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		_					
Department of the Treasury		-	tach to Form 990.	,			Open to Public					
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection					
Name of the organization THE JEWISH FEDERA	TION OF G	FREATER				Employer identifi	cation number					
WASHINGTON, INC.						53-02124	45					
Part I General Information on Grants and Assistance												
<ol> <li>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?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> <li>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form</li> </ol>												
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 noncash assistance	(h) Purpose of grant or assistance					
(1) JEWISH COALITION AGAINST DOMESTIC ABUSE												
133 ROLLINS AVE STE 3 ROCKVILLE, MD 20852	52-2259318	501(C)(3)	49,719.				SEE PART IV, TYPE D					
(2) JEWISH COMMUNITY CENTER OF NORTHERN VA												
8900 LITTLE RIVER TPKE FAIRFAX, VA 20031	54-1145849	501(C)(3)	346,137.				SEE PART IV, TYPE D					
(3) JEWISH COMMUNITY FOUNDATION OF SAN DIEGO												
4950 MURPHY CANYON RD SAN DIEGO, CA 92123	95-2504044	501(C)(3)	10,000.				SEE PART IV, TYPE A					
(4) JEWISH COMMUNITY RELATIONS COUNCIL												
6101 EXECUTIVE BLVD ROCKVILLE, MD 20852	52-0214465	501(C)(3)	603,013.				SEE PART IV, TYPE D					
(5) JEWISH COMMUNITY RELATIONS COUNCIL (JCRC)												
6101 EXECUTIVE BLVD ROCKVILLE, MD 20852	52-0214465	501(C)(3)	115,550.				SEE PART IV, TYPE B					
(6) JEWISH COUNCIL FOR THE AGING (JCA)												
11820 PARKLAWN DR ROCKVILLE, MD 20852	52-0983740	501(C)(3)	299,884.				SEE PART IV, TYPE D					
(7) JEWISH COUNCIL FOR THE AGING OF GREATER WA												
12320 PARKLAWN DR ROCKVILLE, MD 02085	52-0983740	501(C)(3)	74,591.				SEE PART IV, TYPE B					
(8) JEWISH FEDERATION OF GREATER HOUSTON												
5603 SOUTH BRAESWOOD BLVD HOUSTON, TX 77096	74-1109654	501(C)(3)	10,000.				SEE PART IV, TYPE A					
(9) JEWISH FEDERATION OF NORTH AMERICA												
25 BROADWAY, STE 1700 NEW YORK, NY 10004	13-1624240	501(C)(3)	3,659,428.				SEE PART IV, TYPE D					
(10) JEWISH FEDERATION OF SOUTH PALM BEACH CTY												
9901 DONNA KLEIN BLVD BOCA RATON, FL 33428	59-1945109	501(C)(3)	8,040.				SEE PART IV, TYPE A					
(11) JEWISH FEDERATIONS OF NORTH AMERICA												
25 BROADWAY #1700 NEW YORK, NY 10004	13-1624240	501(C)(3)	668,765.				SEE PART IV, TYPE B					
(12) JEWISH FOUNDATION FOR GROUP HOMES	1											
1500 E JEFFERSON STREET ROCKVILLE, MD 20852	52-1263608	501(C)(3)	108,248.				SEE PART IV, TYPE B					
2 Enter total number of section 501(c)(3) and	-	-										
3 Enter total number of other organizations list	ed in the line	e 1 table				<u></u>						

			Assistance t ndividuals in			-	OMB No. 1545-0047
Com	olete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		-
Department of the Treasury		-	tach to Form 990.	·			Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the	atest information	۱.		Inspection
Name of the organization THE JEWISH FEDERA	TION OF G	GREATER				Employer identifi	cation number
WASHINGTON, INC.						53-02124	45
Part I General Information on Grants and	d Assistanc	е					
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand lures for mor	ce? nitoring the use	of grant funds in th	e United States.			X Yes No
990, Part IV, line 21, for any recipi		-					
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	cash assistance	other)	noncash assistance	or assistance
(1) JEWISH HISTORICAL SOCIETY OF GREATER WA							
701 4TH STREET, NW WASHINGTON, DC 20001	52-6064549	501(C)(3)	30,000.				SEE PART IV, TYPE D
(2) JEWISH MILLENIAL ENGAGEMENT PROJECT							
8215 OLD GEORGETOWN ROAD BETHESDA, MD 20814	81-2724200	501(C)(3)	35,500.				SEE PART IV, TYPE B
(3) JEWISH PRIMARY DAY SCHOOL OF NATION'S CPTL							
6045 16TH STREET, NW WASHINGTON, DC 20011	52-2115715	501(C)(3)	25,000.				SEE PART IV, TYPE A
(4) JEWISH ROCKVILLE OUTREACH CONGREGATION							
11304 OLD GEORGETOWN RD ROCKVILLE, MD 20852	20-4960168	501(C)(3)	174,260.				SEE PART IV, TYPE A
(5) JEWISH SOCIAL SERVICE AGENCY							
6123 MONTROSE ROAD ROCKVILLE, MD 20852	53-0196598	501(C)(3)	676,837.				SEE PART IV, TYPE B
(6) JEWISH SOCIAL SERVICE AGENCY (JSSA)							
6123 MONTROSE RD ROCKVILLE, MD 20852	53-0196598	501(C)(3)	1,539,368.				SEE PART IV, TYPE D
(7) JEWISH THEOLOGICAL SEMINARY							
3080 BROADWAY NEW YORK, NY 10027	13-0887640	501(C)(3)	7,726.				SEE PART IV, TYPE B
(8) JEWISH WOMEN'S RENAISSANCE PROJECT							
6101 EXECUTIVE BLVD NORTH BETHESDA MD 20852	38-3852989	501(C)(3)	154,641.				SEE PART IV, TYPE A
(9) JEWISHCOLORADO							
300 S. DAHLIA ST DENVER, CO 80246	01-0831698	501(C)(3)	15,000.				SEE PART IV, TYPE A
(10) JEWS UNITED FOR JUSTICE, INC.							
1100 H STREET NW WASHINGTON, DC 20005	52-2346578	501(C)(3)	33,425.				SEE PART IV, TYPE B
(11) JEWSIH FOUNDATION FOR GROUP HOMES (JFGH)							
1500 EAST JEFFERSON ST ROCKVILLE, MD 20852	52-1263608	501(C)(3)	189,104.				SEE PART IV, TYPE D
(12) JOHNS HOPKINS UNIVERSITY	4						
550 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	23,000.				SEE PART IV, TYPE A
2 Enter total number of section 501(c)(3) and	-	-					
3 Enter total number of other organizations list	ed in the line	e 1 table	<u></u>		<u></u>	<u></u>	

			Assistance t ndividuals in	<b>U</b>	•	-	OMB No. 1545-0047
		•	wered "Yes" on F				
• Department of the Treasury		-	tach to Form 990.	,	, ,		Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the l	atest information	٦.		Inspection
Name of the organization THE JEWISH FEDERA	TION OF G	REATER				Employer identifie	cation number
WASHINGTON, INC.						53-02124	45
Part I General Information on Grants and	d Assistanc	e					
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand lures for mor	e? hitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to De 990, Part IV, line 21, for any recipi		-			•		es" on Form
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	•	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
(1) JUVENILE DIABETES RESEARCH FOUNDATION							
1400 K STREET NW WASHINGTON, DC 20005	23-7284171	501(C)(3)	6,537.				SEE PART IV, TYPE B
(2) KEMP MILL SYNAGOGUE							
11910 KEMP MILL RD SILVER SPRING, MD 20902	52-1664121	501(C)(3)	12,047.				SEE PART IV, TYPE A
(3) KENNEDY KRIEGER INSTITUTE							
707 BROADWAY BALTIMORE, MD 21205	52-1524965	501(C)(3)	12,075.				SEE PART IV, TYPE B
(4) KEREN HACHESED OF GREATER WASHINGTON							
10711 HUNTWOOD DR SILVER SPRING, MD 20901	27-0373818	501(C)(3)	7,600.				SEE PART IV, TYPE A
(5) KESHER ISRAEL CONGREGATION							
2801 N ST., NW WASHINGTON, DC 20007	52-1316406	501(C)(3)	10,400.				SEE PART IV, TYPE A
(6) KESHET							
284 AMORY STREET JAMAICA PLAIN, MA 02130	48-1278664	501(C)(3)	24,500.				SEE PART IV, TYPE A
(7) KOL SHALOM							
9110 DARNESTOWN ROAD ROCKVILLE, MD 20850	52-2349761	501(C)(3)	13,500.				SEE PART IV, TYPE A
(8) LYNCHBURG COLLEGE OFFICE OF FINANCIAL AID							
1501 LAKESIDE DRIVE LYNCHBURG, VA 24501	54-0505922	501(C)(3)	5,384.				SEE PART IV, TYPE C
(9) MAIN STREET CONNECT, INC							
6200 POINDEXTER LANE ROCKVILLE, MD 20852	81-5280080	501(C)(3)	7,250.				SEE PART IV, TYPE A
(10) MARYLAND JEWISH EXPERIENCE							
4607 KNOX RD COLLEGE PARK, MD 20740	20-4339852	501(C)(3)	10,000.				SEE PART IV, TYPE A
(11) MASSACHUSETTS INSTITUTE OF TECHNOLOGY							
600 MEMORIAL DR W98-200 CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	25,000.				SEE PART IV, TYPE A
(12) MEDSTAR HEALTH							
10980 GRANTCHESTER WAY COLUMBIA, MD 21044	52-2087445	501(C)(3)	20,000.				SEE PART IV, TYPE A
2 Enter total number of section 501(c)(3) and g	-	-					
3 Enter total number of other organizations list	ed in the line	1 table				<u></u>	

SCHEDULE I		Grants a	nd Other A	Assistance t	o Organiza	itions,	L	OMB No. 1545-0047
(Form 990)	Go	overnme	nts, and Ir	ndividuals i	n the Unite	d States		2017
	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.		
Department of the Treesury			-	tach to Form 990.	<b>,</b>			Open to Public
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the	atest information	۱.		Inspection
Name of the organization	THE JEWISH FEDERA	TION OF C	GREATER				Employer identifi	cation number
WASHINGTON, INC							53-02124	45
Part I General Ir	nformation on Grants an	d Assistanc	е					
1 Does the organiz	ation maintain records to s	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	1
-	eria used to award the gran			-	-			X Yes No
	IV the organization's proce							
	d Other Assistance to D					nlete if the organiz:	ation answered "	es" on Form
			-					
990, Part	IV, line 21, for any recip			an 55,000. Part i				
	d address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MELVIN J. BERMAN I	HEBREW ACADEMY							
	UE ROCKVILLE, MD 20853	53-0208371	501(C)(3)	46,236.				SEE PART IV, TYPE B
(2) MESORAH INC								
	R SILVER SPRING, MD 20901	13-4251165	501(C)(3)	8,300.				SEE PART IV, TYPE A
(3) MIDDLE EAST MEDIA	AND RESEARCH INSTITUTE							
	SHINGTON, DC 20036	52-2068483	501(C)(3)	94,250.				SEE PART IV, TYPE A
(4) MILTON GOTTESMAN	JEWISH DAY SCHOOL							
6045 16TH ST, NW 1	WASHINGTON, DC 20011	52-2115715	501(C)(3)	176,138.				SEE PART IV, TYPE E
(5) MIRIAM'S KITCHEN								
2401 VIRGINIA AVE	NW WASHINGTON, DC 20037	52-1331552	501(C)(3)	9,700.				SEE PART IV, TYPE A
(6) MOISHE HOUSE								
718 7TH STREET NW	WASHINGTON, DC 20001	26-2599786	501(C)(3)	10,500.				SEE PART IV, TYPE A
(7) MOISHE HOUSE								
441 SAXONY RD BAR	N 2 ENCINTAS, CA 92024	26-2599786	501(C)(3)	25,000.				SEE PART IV, TYPE D
(8) MOSAIC THEATRE CO	MPANY							
1333 H ST NE WASH	INGTON, DC 20002	47-2641919	501(C)(3)	10,000.				SEE PART IV, TYPE A
(9) NARAL PRO CHOICE	AMERICA FOUNDATION							
1156 15TH ST NW W	ASHINGTON, DC 20005	52-1100361	501(C)(3)	13,000.				SEE PART IV, TYPE A
(10) NATIONAL CONFERENCE	CE SYNAGOGUE YOUTH							
4001 CLARKS LANE 1	BALTIMORE, MD 21215	13-5623717	501(C)(3)	5,824.				SEE PART IV, TYPE D
(11) NATIONAL JEWISH OF	UTREACH PROGRAM							
989 SIXTH AVENUE 1	NEW YORK, NY 10138	13-2881809	501(C)(3)	5,100.				SEE PART IV, TYPE A
(12) NATIONAL PHILHARM	ONIC							
5301 TUCKERMAN LN	NORTH BETHESDA, MD 20852	52-1361650	501(C)(3)	9,000.				SEE PART IV, TYPE A
	er of section 501(c)(3) and	-	-					
3 Enter total numb	er of other organizations lis	ted in the line	e 1 table				<u></u>	

			Assistance t ndividuals in			F	OMB No. 1545-0047
Con	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		-	tach to Form 990.	,	, ,		Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection
Name of the organization THE JEWISH FEDER	ATION OF G	FREATER				Employer identif	cation number
WASHINGTON, INC.						53-02124	45
Part I General Information on Grants a	nd Assistanc	е				·	
1 Does the organization maintain records to	substantiate th	he amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	t k
the selection criteria used to award the gra							X Yes No
2 Describe in Part IV the organization's proce							
Part II Grants and Other Assistance to	Domestic Or	anizations ar	d Domestic Gov	ernments Com	onlete if the organiz	ation answered "	es" on Form
990, Part IV, line 21, for any reci		-					
			an \$5,000. Fait ii			Se is needed.	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NCSY ATLANTIC SEABOARD							
4001 CLARKS LANE BALTIMORE, MD 21215	13-5623717	501(C)(3)	51,800.				SEE PART IV, TYPE C
(2) NCSY SUMMER PROGRAMS							
11 BROADWAY 13TH FLOOR NEW YORK, NY 10004	13-5623717	501(C)(3)	38,222.				SEE PART IV, TYPE C
(3) NEW ISRAEL FUND							
6 E. 39TH ST. #301 NEW YORK, NY 10016	94-2607722	501(C)(3)	127,050.				SEE PART IV, TYPE B
(4) NFTY MID ATLANTIC REGION							
1 WEST 4TH ST NEW YORK, NY 10012	13-1663143	501(C)(3)	7,571.				SEE PART IV, TYPE D
(5) OHR DAVID OUTREACH							
140-B WASHINGTON AVE CEDARHURST, NY 11516	25-1702526	501(C)(3)	6,000.				SEE PART IV, TYPE A
(6) OHR KODESH CONGREGATION							
8300 MEADOWBROOK DR CHEVY CHASE, MD 20815	52-0613672	501(C)(3)	11,705.				SEE PART IV, TYPE A
(7) ONE TABLE							
79 MADISON AVE 8TH FL NEW YORK, NY 10016	46-4715368	501(C)(3)	10,000.				SEE PART IV, TYPE C
(8) ORT AMERICA, INC							
75 MAIDEN LANE NEW YORK, NY 10038	13-5562424	501(C)(3)	19,000.				SEE PART IV, TYPE B
(9) ORTHODOX UNION							
11 BROADWAY NEW YORK, NY 10004	13-5623717	501(C)(3)	34,183.				SEE PART IV, TYPE A
(10) P.E.F. ISRAEL ENDOWMENT FUNDS INC.							
630 THIRD AVE STE 1501 NEW YORK, NY 10017	13-6104086	501(C)(3)	92,494.				SEE PART IV, TYPE B
(11) PANCREATIC CANCER ACTION NETWORK							
1500 ROSECRANS AVE MANH. BEACH, CA 92066	33-0841281	501(C)(3)	6,649.				SEE PART IV, TYPE A
(12) PARDES ONSTITUTE OF JEWISH STUDIES							
404 5TH AVE STE 7013 NEW YORK, NY 10018	22-2594099	501(C)(3)	6,000.				SEE PART IV, TYPE B
2 Enter total number of section 501(c)(3) and	-	-					•
3 Enter total number of other organizations li	sted in the line	e 1 table	<u></u>		<u></u>	<u></u>	•

			Assistance t ndividuals in			$\vdash$	омв №. 1545-0047 20 <b>17</b>
Comp	lete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.		
- Department of the Treasury		► At	tach to Form 990.				Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest informatior	<b>).</b>		Inspection
Name of the organization THE JEWISH FEDERA	TION OF G	GREATER				Employer identifi	cation number
WASHINGTON, INC.						53-02124	45
Part I General Information on Grants and	d Assistanc	е					
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand lures for mor	ce? nitoring the use	of grant funds in the	e United States.			X Yes No
990, Part IV, line 21, for any recipi		-					
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PEACEPLAYERS INTERNATIONAL							
1200 NEW HAMPSHIRE AVE NW WASHGTON DC 20036	52-2272092	501(C)(3)	25,000.				SEE PART IV, TYPE A
(2) PINEMERE CAMP							
4100 MAIN ST STE 301 PHILADELPHIA, PA 19127	12-1429830	501(C)(3)	5,100.				SEE PART IV, TYPE D
(3) PLANNED PARENTHOOD FEDERATION OF AMERICA							
123 WILLIAM ST 10TH FL NEW YORK, NY 10038	13-1644147	501(C)(3)	5,700.				SEE PART IV, TYPE A
(4) PRO MUSICA HEBRAICA							
1225 19TH STREET NW WASHINGTON, DC 20036	20-0201189	501(C)(3)	10,000.				SEE PART IV, TYPE A
(5) PROJECT INTERCHANGE							
1156 15TH ST NW #1201 WASHINGTON, DC 20005	52-1576358	501(C)(3)	6,519.				SEE PART IV, TYPE B
(6) RAMAH PROGRAMS IN ISRAEL							
3080 BROADWAY NEW YORK, NY 10027	13-6161110	501(C)(3)	10,250.				SEE PART IV, TYPE C
(7) RAYMOND F/ KRAVIS CENTER FOR THE PERFORMING							
701 OKEECHOBEE BVD WEST PALM BEACH FL 33401	59-2245054	501(C)(3)	5,100.				SEE PART IV, TYPE A
(8) ROUTES TO ROOTS FOUNDATION							
73 HARBOR KEY SECAUCUS, NJ 07094	13-3787002	501(C)(3)	9,000.				SEE PART IV, TYPE A
(9) SACRED SPACES							
6315 FORBES AVENUE #502 PITTSBURG, PA 15217	81-3167473	501(C)(3)	18,000.				SEE PART IV, TYPE C
(10) SECOND CHANCE, INC.							
1700 RIDGELY ST. BALTIMORE, MD 21230	52-2276640	501(C)(3)	30,500.				SEE PART IV, TYPE A
(11) SECURING AMERICA'S FUTURE ENERGY FOUNDATION							
1111 19TH STREET NW WASHINGTON, DC 20036	20-1727977	501(C)(3)	50,000.				SEE PART IV, TYPE A
(12) SETON HALL UNIVERSITY							
400 SOUTH ORANGE AVE SOUTH ORANGE, NJ 07079	1	501(C)(3)	55,000.				SEE PART IV, TYPE A
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations list</li> </ul>	-	-					

SCHEDULE I (Form 990)				Assistance t ndividuals in	•	•	-	OMB No. 1545-0047 എ <b>ി 1 7</b>
				wered "Yes" on F				2017
	•••••		-	tach to Form 990.	onn 000, i an ii	,		Open to Public
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection
Name of the organization	THE JEWISH FEDERA	TION OF G	REATER				Employer identifi	cation number
WASHINGTON, INC							53-02124	45
Part I General In	formation on Grants and	d Assistanc	e					
the selection crite 2 Describe in Part	ation maintain records to se eria used to award the grant IV the organization's proced	s or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
	d Other Assistance to D		-					es" on Form
990, Part I	IV, line 21, for any recip	ient that rec	eived more th	an \$5,000. Part II	can be duplicat	•	ce is needed.	
	l address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SIBLEY MEMORIAL HO	SPITAL FOUNDATION							
	AD WASHINGTON, DC 20016	45-0562642	501(C)(3)	57,700.				SEE PART IV, TYPE A
(2) SIGNATURE THEATRE								
	UUE ARLINGTON, VA 22206	62-1417785	501(C)(3)	50,250.				SEE PART IV, TYPE A
(3) SISTERHOOD OF SALA	AAM SHALOM							
941 CURTIS PLACE N	NORTH BRUNSWICK, NJ 08902	46-4185618	501(C)(3)	12,000.				SEE PART IV, TYPE C
(4) SIXTH AND I SYNAGO	DGUE, INC.							
600 I STREET NW WA	ASHINGTON, DC 20001	33-1036146	501(C)(3)	10,350.				SEE PART IV, TYPE A
(5) SO WHAT ELSE								
ONE PRESERVE PARKV	WAY ROCKVILLE, MD 20852	27-1219231	501(C)(3)	27,050.				SEE PART IV, TYPE A
(6) SUBURBAN HOSPITAL		_						
8600 OLD GEORGETON	NN RD BETHESDA, MD 20814	52-0610545	501(C)(3)	10,000.				SEE PART IV, TYPE A
(7) SULAM, INC								
13300 ARCTIC AVE F	ROCKVILLE, MD 20853	52-2105076	501(C)(3)	25,000.				SEE PART IV, TYPE E
(8) SULAM, INC								
13300 ARTIC AVENUE	E ROCKVILLE, MD 20853	52-2105076	501(C)(3)	41,730.				SEE PART IV, TYPE A
(9) SUNFLOWER BAKERY								
8507 ZIGGY LANE GA	AITHERSBURG, MD 20877	26-2797556	501(C)(3)	92,450.				SEE PART IV, TYPE A
(10) SYRACUSE UNIVERSIT	ΓΥ							
200 CROUSE COLLEGE	E SYRACUSE, NY 13244	15-0532081	501(C)(3)	27,794.				SEE PART IV, TYPE B
(11) TAHIRIH JUSTICE CE	ENTER							
	/D FALLS CHURCH, VA 22042	54-1858176	501(C)(3)	20,000.				SEE PART IV, TYPE C
(12) TEMPLE B'NAI ABRAH	HAM							
300 EAST NORTHFIEI	LD RD LIVINGSTON, NJ 07039	22-1515224	501(C)(3)	53,000.				SEE PART IV, TYPE A
2 Enter total number	er of section 501(c)(3) and	government o	organizations lis	sted in the line 1 tab	ble			
3 Enter total number	er of other organizations list	ted in the line	1 table				<u></u>	

			Assistance t ndividuals in	•	•	-	OMB No. 1545-0047
Com	olete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		► At	tach to Form 990.				Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the l	atest informatior	).		Inspection
Name of the organization THE JEWISH FEDERA	TION OF C	GREATER				Employer identifi	cation number
WASHINGTON, INC.						53-02124	45
Part I General Information on Grants and	d Assistanc	е					
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand lures for mor	ce? nitoring the use	of grant funds in the	e United States.			X Yes No
990, Part IV, line 21, for any recipi		-					
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TEMPLE SINAI							
3100 MILITARY ROAD NW WASHINGTON, DC 20015	53-0231513	501(C)(3)	81,242.				SEE PART IV, TYPE B
(2) THE AMERICAN JEWISH JOINT DISTRIBUTION CTE							
711 3RD AVENUE NEW YORK, NY 10017	13-1656634	501(C)(3)	195,587.				SEE PART IV, TYPE B
(3) THE ASPEN INSTITUTE							
ONE DUPONT CIRCLE NW WASHINGTON, DC 20036	84-0399006	501(C)(3)	55,000.				SEE PART IV, TYPE A
(4) THE BACKSTORYGROUP							
8718 LIBERTY LANE POTOMAC, MD 20854	47-2450123	501(C)(3)	13,000.				SEE PART IV, TYPE A
(5) THE ESPERANZA EDUCATION FUND							
5039 11TH ST NE WASHINGTON, DC 20017	26-4035461	501(C)(3)	15,000.				SEE PART IV, TYPE A
(6) THE GOOD PEOPLE FUND							
384 WYOMING AVENUE MILLBURN, NJ 07041	26-1887249	501(C)(3)	46,500.				SEE PART IV, TYPE A
(7) THE ISRAEL PROJECT							
1901 PENNSYLVANIA AVE NW WSHINGTON DC 20006	37-1472882	501(C)(3)	5,500.				SEE PART IV, TYPE A
(8) THE JERUSALEM FUND							
313 W. 83RD STREET NEW YORK, NY 10024	20-0092051	501(C)(3)	6,800.				SEE PART IV, TYPE A
(9) THE JEWISH NATIONAL FUND							
902 CLINT MOORE RD BOCA RATON, FL 33487	13-1659627	501(C)(3)	39,921.				SEE PART IV, TYPE B
(10) THE JEWISH STUDIO	4						
10921 CANDLELIGHT LANE POTOMAC, MD 20854	47-2085264	501(C)(3)	5,860.				SEE PART IV, TYPE A
(11) THE KOBY MANDELL FOUNDATION	4						
366 PEARSALL AVENUE CEDARHURST, NY 11516	91-2169027	501(C)(3)	10,000.				SEE PART IV, TYPE A
(12) THE LEE COUNTY JEWISH FEDERATION, INC 9701 COMMERCE CTR CT FORT MEYERS, FL 33908	59-2668992	501(C)(3)	12,500.				SEE PART IV, TYPE A
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations list</li> </ul>	-	-					

SCHEDULE I (Form 990)				Assistance t ndividuals in	-	•	-	omb No. 1545-0047
	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		-	► At	tach to Form 990.				Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization	THE JEWISH FEDERA	TION OF G	REATER				Employer identifie	ation number
WASHINGTON, INC	2.						53-02124	45
Part I General I	nformation on Grants an	d Assistanc	e					
the selection crit 2 Describe in Part	zation maintain records to s seria used to award the gran IV the organization's proce ad Other Assistance to D	ts or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
	IV, line 21, for any recip		-					
990, Part	TV, III e 21, IOI any recip			an \$5,000. Part ii		•		
	d address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE LEUKEMIA & LY	MPHOMA SOCIETY							
	/D LOS ANGELES, CA 90010	13-5644916	501(C)(3)	5,171.				SEE PART IV, TYPE B
(2) THE MICHAEL J. FO	X FOUNDATION							
498 7TH AVE 18TH	FLOOR NEW YORK, NY 10018	13-4141945	501(C)(3)	25,250.				SEE PART IV, TYPE A
(3) THE RESOURCE FOUN	IDATION							
	REET NEW YORK, NY 10001	13-3421446	501(C)(3)	10,000.				SEE PART IV, TYPE A
(4) THE SHAKESPEARE T	THEATRE							
516 8TH STREET, S	SE WASHINGTON, DC 20003	52-1405988	501(C)(3)	25,000.				SEE PART IV, TYPE A
(5) THE WOMENS LAW CE	ENTER OF MARYLAND, INC.							
305 WEST CHESAPEA	AKE AVE TOWSON, MD 21204	52-1238912	501(C)(3)	34,302.				SEE PART IV, TYPE C
(6) TORAH SCHOOL OF G	REATER WASHINGTON							
2010 LINDEN LANE	SILVER SPRING, MD 20910	52-1874788	501(C)(3)	20,630.				SEE PART IV, TYPE B
(7) TORAH SCHOOL OF G	REATER WASHINGTON							
2010 LINDEN LANE	SILVER SPRING, MD 20910	52-1874788	501(C)(3)	192,571.				SEE PART IV, TYPE E
(8) TRUSTEES OF COLUM	IBIA UNIVERSITY							
516 WEST 168TH ST	TREET NEW YORK, NY 10032	13-5598093	501(C)(3)	103,250.				SEE PART IV, TYPE A
(9) TRUSTEES OF DARTM	10UTH COLLEGE							
6066 DEVELOPMENT	OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	20,000.				SEE PART IV, TYPE B
(10) TRUSTEES OF THE U	JNV OF PENNSYLVANIA							
636 FRANKLIN BLDG	9 PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	11,719.				SEE PART IV, TYPE B
(11) TRUSTEES OF TUFTS	G COLLEGE							
80 GEORGE ST., ST	TE. 331 MEDFORD, MA 02155	04-2103634	501(C)(3)	16,000.				SEE PART IV, TYPE A
(12) TZEDEK DC								
	ASHINGTON, DC 20015			17,000.				SEE PART IV, TYPE C
2 Enter total numb	per of section 501(c)(3) and	government	organizations lis	sted in the line 1 tab	ole			
3 Enter total numb	per of other organizations lis	ted in the line	1 table					

SCHEDULE I (Form 990)			Assistance t ndividuals in	-	•		omb No. 1545-0047
	Complete if the or	ganization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.		
Department of the Treesure		-	tach to Form 990.		,		Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	1.		Inspection
Name of the organization THE JEWISH FE	EDERATION OF G	REATER				Employer identific	ation number
WASHINGTON, INC.						53-021244	15
Part I General Information on Gran	nts and Assistanc	e					
1 Does the organization maintain record	ds to substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award th			-	-			X Yes No
2 Describe in Part IV the organization's							
Part II Grants and Other Assistanc					plete if the organize	ation answered "V	es" on Form
990, Part IV, line 21, for any		-					
			an 55,000. Part ii		-		
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 noncash assistance	(h) Purpose of grant or assistance
(1) UNION COLLEGE							
807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501(C)(3)	5,130.				SEE PART IV, TYPE A
(2) UNION FOR REFORM JUDAISM							
46 BOWEN ROAD WARWICK, NY 10990	13-1663143	501(C)(3)	33,000.				SEE PART IV, TYPE C
(3) UNITED STATES HOLOCAUST MEMORIAL MUSEU	IM						
100 RAOUL WALLENBERG PL SW WSHGTON DC	20024 52-1309391	501(C)(3)	176,011.				SEE PART IV, TYPE A
(4) UNITED SYNAGOGUE OF CONSERVATIVE JUDAI	SM						
120 BROADWAY SUITE 1540 NEW YORK, NY 1	.0271 13-1659707	501(C)(3)	11,800.				SEE PART IV, TYPE A
(5) UNITED SYNAGOGUE YOUTH							
120 BROADWAY SUITE 1540 NEW YORK, NY 1	.0271 13-1659707	501(C)(3)	6,250.				SEE PART IV, TYPE C
(6) UNITED SYNAGOGUE YOUTH SEABOARD REGION	I						
2200 BALTIMORE ROAD ROCKVILLE, MD 2085	13-1659707	501(C)(3)	7,571.				SEE PART IV, TYPE D
(7) UNV OF MARYLAND COLLEGE PARK FDN							
0143 TALOAFERRO HALL COLLEGE PARK, MD	20742 52-2197313	501(C)(3)	25,000.				SEE PART IV, TYPE A
(8) UNV OF MARYLAND HILLEL							
7612 MOWATT LANE COLLEGE PARK, MD 2074	0 52-0749507	501(C)(3)	66,284.				SEE PART IV, TYPE B
(9) UNV OF MARYLAND -HILLEL FDN FOR JEWISH	[						
7612 MOWATT LANE COLLEG PARL, MD 20740	52-0749507	501(C)(3)	58,007.				SEE PART IV, TYPE E
(10) UNV OF VIRGINIA - HILLEL JEWSIH CTR							
1824 UNIV CIR CHARLOTTESVILLE, VA 2290	3 54-6061871	501(C)(3)	25,523.				SEE PART IV, TYPE E
(11) URJ CAMP HARLAM							
301 CITY AVE, STE 110 BALA CYNWYD, PA	19004 23-6050581	501(C)(3)	6,000.				SEE PART IV, TYPE D
(12) US AGAINST ALZHEIMER'S NETWORK							
2 WISCONSIN CIRCLE CHEVY CHASE, MD 208	45-0672514	501(C)(3)	5,100.				SEE PART IV, TYPE A
2 Enter total number of section 501(c)(3	, .	•					
3 Enter total number of other organization	ons listed in the line	1 table				<u></u>	

SCHEDULE I (Form 990)				Assistance t ndividuals in			-	OMB No. 1545-0047
	Com	olete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► At	tach to Form 990.				Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the l	atest information	۱.		Inspection
Name of the organization	THE JEWISH FEDERA	TION OF G	REATER				Employer identific	ation number
WASHINGTON, INC.							53-021244	15
Part I General Info	ormation on Grants and	d Assistanc	е					
1 Does the organizat	tion maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteri	ia used to award the grant	s or assistanc	æ?					X Yes No
2 Describe in Part IV	the organization's procee	dures for mor	nitoring the use	of grant funds in the	e United States.			
	Other Assistance to D /, line 21, for any recipi		-					es" on Form
1 (a) Name and a	ddress of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WIDCINIA TECH _ HII	T 🖓 T					othory		
(1) VIRGINIA TECH - HIL P. O. BOX 708 BLACK		90-0406012	501(C)(3)	25,523.				SEE PART IV, TYPE E
(2) WASHINGTON HEBREW C		90-0400012	501(0)(3)	25,525.				SEE PARI IV, IIPE E
3935 MACOMB ST NW W		53-0196646	501(C)(3)	24,530.				SEE PART IV, TYPE A
(3) WASHINGTON INSTITUT		55 0190040	501(0)(5)	24,350.				DEE FART IV, TIPE A
	0 WASHINGTON, DC 20036	52-1376034	501(C)(3)	11,500.				SEE PART IV, TYPE A
(4) WASHINGTON PERFORMIN		52 1570051	501(0)(5)	11,500.				
	500 WASHINGTON, DC 20005	52-6062439	501(C)(3)	5,187.				SEE PART IV, TYPE C
(5) WETA								
	E ARLINGTON, VA 22206	53-0242992	501(C)(3)	5,865.				SEE PART IV, TYPE B
	RNATIONAL CTR FOR SCHOLA							
1300 PENN AVE NW WA		52-1067541	501(C)(3)	100,000.				SEE PART IV, TYPE A
(7) YAD YEHUDA OF GREAT	ER WASHINGTON							
812 HYDE COURT SILV		22-3949731	501(C)(3)	7,880.				SEE PART IV, TYPE A
(8) YESHIVA OF GREATER	WASHINGTON							
	LVER SPRING, MD 20910	52-1106842	501(C)(3)	66,880.				SEE PART IV, TYPE A
(9) YESHIVA OF GREATER	WASHINGTON							
2010 LINDEN LANE SI	LVER SPRING, MD 20910	52-1106842	501(C)(3)	121,501.				SEE PART IV, TYPE E
(10) YOUTH LEADERSHIP FOR	UNDATION							
7315 WISCONSIN AVE :	BETHESDA, MD 20814	52-2016259	501(C)(3)	33,500.				SEE PART IV, TYPE A
(11)		_						
(12)		-						
	of section 501(c)(3) and of other organizations list	•	•					227.

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

<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
· · · ·				recipients       cash grant       non-cash assistance       FMV, appraisal, other)         Image: Im

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 Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
3					
4					
5					
3					
7					

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

Page 2

SCHEDULE J (Form 990)		<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest		OMB No. 1545-0047		
				എ	17	
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZU		
Departr	▶ Attach to Form 990.		0	pen to		
	Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Insp		n
	of the organization		loyer identification	numbe	r	
	HINGTON, II		53-0212445			
Part	Question	ns Regarding Compensation			¥	N
10	Check the ap	propriate box(es) if the organization provided any of the following to or for a person li	istad on Form		Yes	No
Ia		Section A, line 1a. Complete Part III to provide any relevant information regarding the				
		ss or charter travel Housing allowance or residence for pers				
		or companions Payments for business use of personal re				
		emnification and gross-up payments Health or social club dues or initiation fe				
		onary spending account Personal services (such as, maid, chauffe				
b	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					
		ment or provision of all of the expenses described above? If "No," complete	e Part III to	1b		
2		anization require substantiation prior to reimbursing or allowing expenses inc	curred by all			
	-	stees, and officers, including the CEO/Executive Director, regarding the items che	•			
	1a?			2		
3	Indicate which	n, if any, of the following the filing organization used to establish the compensation of	f the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a					
	related organ	ization to establish compensation of the CEO/Executive Director, but explain in Part II	I.			
		nsation committee				
	· · ·	dent compensation consultant X Compensation survey or study				
	X Form 99	00 of other organizations	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:					
а	Receive a severance payment or change-of-control payment?				Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			4b		Х
С	c Participate in, or receive payment from, an equity-based compensation arrangement?			4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	-	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					
		n contingent on the revenues of:		_		37
a		ion?		5a		X
b		rganization?		5b		X
~		e 5a or 5b, describe in Part III.				
6		isted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any n contingent on the net earnings of:				
2		ion?		6a		X
a b		rganization?		6b		X
D		e 6a or 6b, describe in Part III.				
7		listed on Form 990, Part VII, Section A, line 1a, did the organization provide	any ponfixed			
7		described on lines 5 and 6? If "Yes," describe in Part III		7		х
8		Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject				
-	-	I contract exception described in Regulations section 53.4958-4(a)(3)? If "Ye	-			
				8		Х
9		ine 8, did the organization also follow the rebuttable presumption procedure				
		ection 53.4958-6(c)?		9		

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page 2

## 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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
GIL PREUSS	(i)	130,595.	0.	68,387.	0.	7,263.	206,245.	0.
EXECUTIVE VICE PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVE A. RAKITT	(i)	218,978.	0.	406,202.	6,625.	4,001.	635,806.	0.
22222222222222222222222222222222222222	(ii)	0.	0.	0.	0.	0.	0.	0.
ZACHARY BRITON	(i)	140,000.	20,500.	854.	8,057.	0.	169,411.	0.
DIRECTOR ANNUAL CAMPAIGN & VP	(ii)	0.	0.	0.	0.	0.	0.	0.
EILEEN FRAZIER	(i)	238,500.	36,500.	3,541.	13,797.	0.	292,338.	0.
4 CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
AVITAL INGBER	(i)	188,977.	26,000.	14,760.	11,470.	6,246.	247,453.	0.
5 <sup>CHIEF DEVELOPMENT OFFICER</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
ISABELLA YUSIMOVA	(i)	131,000.	5,000.	2,196.	10,835.	7,491.	156,522.	0.
6 <sup>CHIEF FINANCIAL OFFICER</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
STACYE N. ZEISLER	(i)	152,644.	20,000.	1,196.	8,670.	0.	182,510.	0.
7 <sup>CHIEF MARKETING OFFICER</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2017

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Schedule J (Form 990) 2017

#### Part III Supplemental Information

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

PART I, LINE 4A:

STEVE RAKITT RECEIVED \$243,988 IN ACCORDANCE WITH THE FEDERATION'S

CONTRACTUAL OBLIGATION AT TERMS CONSISTENT WITH INDUSTRY STANDARDS.

COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTH

SCHEDULI	ΕK	S	upplemen	tal Info	rmation	n on '	Tax-E	xe	mpt Bor	nds				OME	3 No. 1	1545-0	047
(Form 990		► Complete if	the organizatio	on answered	d "Yes" on	Form 9	90, Part	IV, I	ine 24a. Pro		iptions,				20	)17	/
			expla	nations, and	-			n in	Part VI.							/ Dubl	ia
Department of the					Attach to F				aat informat	ion					pen to ispect	o Publi	IC
Internal Revenue		THE JEWISH FEDERATION	Go to www.irs		90 for Instr	ructions	s and the	alate	est informat	ion.		E.	nnlovor	identific			
Name of the or WASHINGT	0		OF GREATER	L.										2124		numbe	ər
													55-0	02124	45		
Part I	Bond Issu		<i></i>	( ) 01 015 11	( ) =				(0.5			1		<b>(h)</b> C	n	(i) Poo	bled
		(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	ed (e	e) Issue pric	e	(f) De	escription of p	ourpose	(g) De	feased	behal	fof	financ	
												Yes	No	issue Yes		Yes	No
A			04 0006808		02/10/00	10	0 600 6					163				103	
A COLORADO	EDUCATION	AL AND CULTURAL FACILITIES AUTH	84-0896727		03/19/20	13	8,600,0	500.	ACQUIRE/CONS	STRUCT OFF.	ICE BUILDING		х		x		Х
В																	
С																	
<u> </u>																	
D																	
	Proceeds																
Part II	FIUCEEUS						Α			В	С				D		
<b>1</b> Amou	nt of bond	s retired			-		~			Ь					0		
		s legally defeased															
						Q	3,600,2	228									
		of issue					,000,2	220.	•								
		in reserve funds															
		est from proceeds															
		Inding escrows					110 0										
		rom proceeds					116,6	568.	•								
8 Credit	enhancen	nent from proceeds															
9 Worki	ng capital	expenditures from proceeds															
		ures from proceeds				8	8,471,0										
		ceeds					12,5	539	•								
		roceeds															
13 Year c	of substant	tial completion				2	014										
						Yes		No	Yes	No	Yes	No		Yes		No	
14 Were	the bonds	issued as part of a current refundir	ig issue?				2										
15 Were	the bonds	issued as part of an advance refun	ding issue?				Σ	X									
16 Has th	ne final allo	ocation of proceeds been made? .				Х											
17 Does	the orga	nization maintain adequate boo	ks and record	ls to supp	ort the												
final a	llocation o	f proceeds?				Х											
		usiness Use															
							Α			В	С				D		
<b>1</b> Was t	the organi	zation a partner in a partnership	, or a membe	r of an LLC	), İ	Yes	N	١o	Yes	No	Yes	No		Yes		No	
		operty financed by tax-exempt bone					Σ	X									
		lease arrangements that may															
		roperty?					2	K									
For Paperwo	ork Reducti	on Act Notice, see the Instructions for	Form 990.				1		I				Sch	edule K	(Form	990) 2	2017

#### THE JEWISH FEDERATION OF GREATER

#### 53-0212445

Sche	dule K (Form 990) 2017								Page <b>2</b>
Pa	t III Private Business Use (Continued) CO	LORADO	EDUCATI	NAL AN	ID CULTURA	L FACII	ITIES AU	JTH	
			A		В		C		D
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		Х						
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?								
С	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?		Х						
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?		Х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
с	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?	Х							
Pa	t IV Arbitrage		1	1			11		1
			A		В		C	!	D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х						
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?								
	Exception to rebate?								
	No rebate due?		Х						
	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?	Х							
4a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?	х							
b	Name of provider	PNC BANK.	N.A.		-1				1
	Term of hedge.		15.100						
- b	Was the hedge superintegrated?		X						
	Was the hedge terminated?		X						
<u> </u>		l							

Schedule K (Form 990) 2017

#### THE JEWISH FEDERATION OF GREATER

Part IV       Arbitrage (Continued)         A       B       C       D         Yes       No       Yes       No       Yes       No       Yes       No       Yes       No         5a       Were gross proceeds invested in a guaranteed investment contract (GIC)?       X       Image: Contract of Cont
Yes       No       Yes       No       Yes       No       Yes       No       Yes       No         5a       Were gross proceeds invested in a guaranteed investment contract (GIC)?       X       Image: Contract (GIC)       X       Image: Contract (GIC)       Image:
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?       X       Image: Contract (GIC)         b Name of provider       Image: Contract (GIC)       Image: Contract (GIC)         c Term of GIC       Image: Contract (GIC)       Image: Contract (GIC)         d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?       Image: Contract (GIC)
b Name of provider
b         Name of provider
c Term of GIC
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?
7 Has the organization established written procedures to monitor the
A B C D
Has the organization established written procedures to ensure that violations Yes No Yes No Yes No Yes No Yes No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?YesNoYesNoYesNoX
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Page 4

Schedule K (Form 990) 2017

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

PART I, COLUMN F, LINE A:

(A) ISSUER NAME - COLORADO EDUCATIOINAL AND CULTURAL FACILITES AUTHORITY

(F) DESCRIPTION OF PURPOSE - ACQUIRE, CONSTRUCT, RENOVATE, EQUIP AND

FURNISH AN OFFICE BUILDING

PART II, COLUMN F, LINE 3:

INCLUDES INVESTMENT EARNINGS ON THE BONDS DURING THE CONSTRUCTION OF THE

PROJECT IN THE AMOUNT OF \$228.

PART IV, COLUMN A, 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 M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

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.

2017 Open to Public Inspection

Name of the organization WASHINGTON, INC. ► Go to www.irs.gov/Form990 for the latest information.

THE JEWISH FEDERATION OF GREATER

Employer identification number 53-0212445

Par	I lypes of Property						
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	( Method of noncash contr		
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		300.	9,034,200.	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 org	anization during the tax y	ear for contributions for			
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29		
					_	Ye	s No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through		
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required		
	to be used for exempt purposes for	the entire h	olding period?			30a	X
b	If "Yes," describe the arrangement i	n Part II.					
31	Does the organization have a	gift accep	tance policy that require	es the review of any	nonstandard		
	contributions?					31	Х
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or s	sell noncash		
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an describe in Part II	amount in c	column (c) for a type of pro	perty for which column (a)	) is checked,		

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

Schedule M (Form 990) (2017)

53-0212445

Part II Supplemental Information. 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

#### 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.



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

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

 WASHINGTON, INC.
 53-0212445

FORM 990, PART VI, SECTION A, LINE 2

PAUL BERGER/MERYL ROSENBERG-FAMILY RELATIONSHIP, BOB BLUM-SERVES AS SENIOR MANAGER ON THE AUDIT OF ED-JCC, SCOTT BROWN - LED A TRAINING SESSION FOR FEDERATION STAFF, JOHANNA CHANIN-FAMIL RELATIONSHIP AND MEMBER OF ADAS PETER FEDEROWICZ AND MARK LEVITT-FAMILY RELATIONSHIP, SUSAN AND MICHAEL GELMAN-FAMILY RELATIONSHIP, SAMUEL AND LESLIE KAPLAN FAMILY RELATIONSHIP, JOCELYN KRIFCHER-HUSBAND ON THE BOARD OF CESJDS.

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 COMMITTEE, ENDOWMENT TRUSTEES, AND THE PRESIDENT HAS SOME APPOINTEES.

FORM 990, PART VI, SECTION A, LINE 7B MEMBERSHIP ELECTS BOARD OF DIRECTORS.

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.

Page 2

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 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,

Schedule O (Form 990 or 990-EZ) 2017 P							Page 2	
Name of the organization	THE	JEWISH	FEDERATION	OF	GREATER		Employer identification number	
WASHINGTON, INC.							53-0212445	

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 AN 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 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 \$ -321,887

Schedule O (Form 990 or 990-EZ) 2017 Page									
Name of the organization THE JEWISH FEDERATION OF GREATER		Employer identification number							
WASHINGTON, INC.		53-0212445							
PROVISION FOR UNCOLLECTIBLE PROMISES TO GIVE	-265,512								
PENSION RELATED CHANGES	-267,127								
UNREALIZED LOSS ON SWAPS	385,711								
DEFINED BENEFIT PLAN NET PERIODIC PENSION COSTS	-318,144								
OTHER	-340,421								
ROUNDING	-4								
TOTAL OTHER CHANGES IN NET ASSETS \$	-1,127,384								

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 EXISTS TO INSPIRE, BUILD, AND SUSTAIN VIBRANT JEWISH LIFE IN GREATER WASHINGTON AND BEYOND. WE ENVISION AN OPEN, CONNECTED, AND VIBRANT JEWISH COMMUNITY THAT CARES FOR EACH OTHER, FOSTERS JEWISH LEARNING AND JOURNEYS, EMBRACES JEWISH PEOPLEHOOD AND ISRAEL, AND ACTS AS A FORCE FOR GOOD IN THE WORLD. FEDERATION SERVES AS A COMMUNITY BUILDER, FUNDRAISER, AND SAFETY NET FOR THE JEWISH COMMUNITY OF GREATER WASHINGTON.

ATTACHMENT 2

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

ALLOCATION TO BENEFICIARY AGENCIES: THE JEWISH FEDERATION OF GREATER WASHINGTON SUPPORTS 35 LOCAL AGENCIES THROUGHOUT DC, MD, AND NORTHERN VA, 14 NATIONAL ORGANIZATIONS, 4 OVERSEAS PARTNERS

ATTACHMENT 2 (CONT'D)

(THROUGH THEIR US NONPROFIT AFFILIATE) AND MORE THAN 60 CONGREGATIONS.

TOGETHER, WE ARE BUILDING A COMMUNITY THAT CARES FOR EACH OTHER, FOSTERS JEWISH LEARNING AND JOURNEYS, EMBRACES JEWISH PEOPLEHOOD AND ISRAEL, AND ACTS AS A FORCE FOR GOOD IN THE WORLD. THROUGH ALLOCATIONS TO BENEFICIARY AGENCIES, FEDERATION AND OUR DONORS SUPPORT THE POOR, HONOR AND CARE FOR SENIORS, ATTEND TO THOSE WHO ARE ILL OR IN CRISIS, NURTURE AND EDUCATE OUR CHILDREN, WELCOME AND INCLUDE THOSE OF ALL BACKGROUNDS, IDENTITIES, AND ABILITIES, AND MUCH MORE. THIS WORK AND THE PROGRAMS WE SUPPORT ARE DRIVEN BY OUR SHARED JEWISH VALUES.

EQUALLY IMPORTANT IS OUR COMMITMENT TO INSPIRING JEWISH LEARNING AND EXPERIENCES IN ORDER TO SHAPE OUR COMMUNITY'S STRONG JEWISH IDENTITY. FORMAL EDUCATIONAL OPPORTUNITIES AND INFORMAL JEWISH EXPERIENCES LIKE SUMMER CAMPS, YOUTH GROUPS, AND MISSIONS TO ISRAEL AND OTHER JEWISH COMMUNITIES ABROAD PROVIDE LEARNING, RECREATIONAL, CULTURAL AND SOCIAL ACTIVITIES THAT NOURISH OUR BODIES AND OUR MINDS. LASTLY, WE ARE FOCUSED ON CONNECTING OURSELVES AND OUR LIVES TO OTHER JEWS AND JEWISH COMMUNITIES AROUND THE WORLD. OUR 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 AND VALUES 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 ENGAGEMENT PROGRAMS REACH ISOLATED SENIORS, THE NEXT GENERATION OF JEWISH LEADERS, FAMILIES WITH YOUNG CHILDREN, NEWCOMERS, FAMILIES OF DIFFERENT FAITH BACKGROUNDS, PEOPLE WITH DISABILITIES, AND OTHERS TO WELCOME AND INVITE THEM TO BE A PART OF OUR JEWISH COMMUNITY.

PROGRAM SERVICE ACCOMPLISHMENTS - EXAMPLES INCLUDE: ONE HAPPY CAMPER OFFERS INCENTIVE GRANTS TO FAMILIES WHO CHOOSE TO SEND THEIR CHILDREN TO JEWISH OVERNIGHT CAMP FOR THE FIRST TIME. PJ LIBRARY ENHANCES THE TIME-HONORED TRADITION OF READING TO CHILDREN AT BEDTIME BY PROVIDING FAMILIES WITH FREE JEWISH BOOKS AND GUIDES FOR DISCUSSION, ALONG WITH PROGRAMS THROUGHOUT THE COMMUNITY FOR ENGAGEMENT AND RELATIONSHIP-BUILDING. JTEEN PHILANTHROPY EMPOWERS TEENAGERS WITH THE SKILLS AND TOOLS THEY NEED TO THINK AND WORK CHARITABLY. FEDERATION'S PARTNERSHIP WITH THE SHALOM HARTMAN INSTITUTE OF NORTH AMERICA BRINGS RENOWNED THINKERS AND SCHOLARS TO OUR COMMUNITY TO ELEVATE THE DISCOURSE AND INTENSIFY OUR COMMUNAL JEWISH LEARNING. THE ANNUAL ROAD TO

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Name of the organization	THE	JEWISH	FEDERATION	OF	GREATER		Employer identification number	
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ATTACHMENT 3 (CONT'D)

INDEPENDENCE RESOURCE FAIR OFFERS FAMILIES OF YOUNG ADULTS WITH DISABILITIES ACCESS TO PROFESSIONAL, EDUCATIONAL, SOCIAL, RECREATIONAL, AND FINANCIAL OPPORTUNITIES IN OUR COMMUNITY.

NO MATTER HOW ONE DEFINES BEING JEWISH, FEDERATION IS HERE TO SUPPORT AND ENHANCE JEWISH LIFE FOR EVERYONE IN GREATER WASHINGTON.

ATTACHMENT 4

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ONLINE COMPUTERS & COMMUNICATIONS, LLC P.O. BOX 428 FLORHAM PARK, NJ 07932	IT SERVICES	457,159.
SECURITAS SECURITY SERVICES, USA INC 4301 GARDEN CITY DRIVE LANDOVER, MD 20785	SECURITY	285,140.
HAROLD GRINSPOON FOUNDATION 67 HUNT STREET, SUITE 100 AGAWAM, MA 01001	SUBSCRIPTION SERVICE	254,204.
MARILYN GOLDFARB 11612 LE BARON TERRACE SILVER SPRING, MD 20902	TRAVEL	194,808.
THE DEVELOPMENT RESOURCE GROUP, INC 275 MADISON AVENUE, SUITE 1203 NEW YORK, NY 10016	CEO SEARCH	145,130.

SCHED	<b>ULE R</b>
(Form	990)

## **Related Organizations and Unrelated Partnerships**

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

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

Attach to Form 990.



Department of the Treasury Internal Revenue Service

Name of the organization THE JEWISH FEDERATION OF GREATER

53-0212445

WASHINGTON, INC.

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

address, and EIN (if a		<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
(1) JFGW BUILDING LLC	80-0898436					
6101 EXECUTIVE BLVD #100	NORTH BETHESDA, MD 20852	OPERATE BLDG.	MD	1,397,904.	17,628,332.	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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section 5 contr enti	512(b)(13) rolled
						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)	12B	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) 2017

JSA

Schedule R (Form 990) 2017

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)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	(h Dispropo allocati	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ther?	<b>(k)</b> Percentage ownership
		oounnyy					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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(e)</b> Type of entity (C corp, S corp, or trust)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512(b)( controll entity
(1)							Yes No
(2)							
(3)							
(5)							
<u>(6)</u> (7)							
(7)							

Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t 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
	ring the tax year, did the organization engage in any of the following transactions with one or more i						
a Re	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
<b>b</b> Gi	ft, grant, or capital contribution to related organization(s)				1b		X
<b>c</b> Gi	ft, grant, or capital contribution from related organization(s)				1c		X X
	ans or loan guarantees to or for related organization(s)				1d		X
e Lo	ans or loan guarantees by related organization(s)		•••••••••••		1e		
fDi	vidends from related organization(s)				1f		1
a Sa	vidends from related organization(s)				1g		x
	irchase of assets from related organization(s)				1h		X
	inchange of assets with related organization(s).				1i		X
j Lease of facilities, equipment, or other assets to related organization(s).							Х
•							X
k Le	k Lease of facilities, equipment, or other assets from related organization(s)						
	I Performance of services or membership or fundraising solicitations for related organization(s)						
m Performance of services or membership or fundraising solicitations by related organization(s)							X X
o Sł	aring of paid employees with related organization(s).				10		X
_							x
p Reimbursement paid to related organization(s) for expenses.							
q Re	simbursement paid by related organization(s) for expenses		• • • • • • • • • • • • • • • • • • • •		1q		X
r Ot	her transfer of cash or property to related organization(s)				1r		x
	her transfer of cash or property from related organization(s)				1s		x
2 If	he answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	red relationships and transa	action thre		s.	
	(a)	(b)	(c)	Mathad	(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method amou	of dete int inve		ıg
(1)							
(2)							
(2)							
(3)							
(4)							
(5)							
(6)							
JSA		1	Sch	edule R (F	orm	990) :	2017
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Schedule R (Form 990) 2017

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

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	Are all sec 501 organiz	e) partners tion (c)(3) tations?	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	Disprop alloc	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	General or Pero managing owr partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
JSA										Sch	edule	R (Forr	n 990) 20 <sup>.</sup>

Page 5

Schedule R (Form 990) 2017

Part VII	Supplemental Information
	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.

	Exempt Organization Business Income Tax Retu (and proxy tax under section 6033(e))							
For calendar year 2017 or other tax year be				<b>0</b> 18.	୬ଲ17			
		r instructions and the latest						
Internal Revenue Service Do not enter SSN numbers on this for				c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only			
	k box if	name changed and see instructior	ns.)		over identification number			
address changed THE JEWISH FEDERA	TION	OF GREATER		(Empic	oyees' trust, see instructions.)			
B Exempt under section WASHINGTON, INC.								
X 501(C)(3) Print Number, street, and room or suite	no. If a P	P.O. box, see instructions.		53-0	212445			
408(e) 220(e) <b>or</b> <b>Type</b>					ated business activity codes structions.)			
408A 530(a) 6101 EXECUTIVE BL	VD		100	(000 11				
529(a) City or town, state or province, co								
C Book value of all assets NORTH BETHESDA, M at end of year				5313	90			
F Group exemption number (See inst		,						
258,959,920. G Check organization type 🕨 X			:) trust	_ 401(a)	trust Other trust			
H Describe the organization's primary unrelated business activit	,	ATTACHM						
I During the tax year, was the corporation a subsidiary in an a			controlled group?		▶ Yes X No			
If "Yes," enter the name and identifying number of the paren	t corpor			1 0 2 0	7000			
J The books are in care of ► ISABELLA YUSIMOVA			ne number <b>&gt;</b> 30					
Part I Unrelated Trade or Business Income		(A) Income	(B) Expen	ses	(C) Net			
1a Gross receipts or sales								
b Less returns and allowances c Balanc								
2 Cost of goods sold (Schedule A, line 7)								
3 Gross profit. Subtract line 2 from line 1c								
4a Capital gain net income (attach Schedule D)								
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)								
c Capital loss deduction for trusts		605 500	ATCH 2		COF 520			
5 Income (loss) from partnerships and S corporations (attach stateme		625,539.						
	7 Unrelated debt-financed income (Schedule E)							
8 Interest, annuities, royalties, and rents from controlled organizations (Schedu								
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedul								
10 Exploited exempt activity income (Schedule I)								
11 Advertising income (Schedule J)					1 404			
12 Other income (See instructions; attach schedule)			ATCH 3	4,082.	1,484.			
13 Total. Combine lines 3 through 12								
Part II Deductions Not Taken Elsewhere (See in			, (	Except	or contributions,			
deductions must be directly connected with			/					
14 Compensation of officers, directors, and trustees (Schedule								
15 Salaries and wages								
16 Repairs and maintenance								
17 Bad debts								
<ul><li>18 Interest (attach schedule)</li><li>19 Taxes and licenses</li></ul>					62,987.			
					77,944.			
,	,	1 1		20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
<ul><li>21 Depreciation (attach Form 4562)</li><li>22 Less depreciation claimed on Schedule A and elsewhere of</li></ul>				-				
				22b				
<ul><li>23 Depletion</li><li>24 Contributions to deferred compensation plans</li></ul>								
<ul> <li>26 Excess exempt expenses (Schedule I)</li> <li>27 Excess readership costs (Schedule J)</li> </ul>								
<ul><li>27 Excess readership costs (Schedule J)</li><li>28 Other deductions (attach schedule)</li></ul>					5,000.			
<ul><li>29 Total deductions. Add lines 14 through 28</li></ul>					145,931.			
<ul><li>30 Unrelated business taxable income before net operat</li></ul>					701,497.			
30 Onrelated business taxable income before net operation 31 Net operating loss deduction (limited to the amount on lin	-				, , , , , , , , , , , , , , , , , , , ,			
<ul><li>31 Net operating loss deduction (infined to the amount of infi</li><li>32 Unrelated business taxable income before specific deduc</li></ul>					701,497.			
<ul><li>32 Onrelated business taxable income before specific deduction</li><li>33 Specific deduction (Generally \$1,000, but see line 33 ins</li></ul>					1,000.			
33 Specific deduction (Generally \$1,000, but see line 33 ins 34 Unrelated business taxable income. Subtract line 33					1,000.			
enter the smaller of zero or line 32		•			700,497.			
For Paperwork Reduction Act Notice, see instructions.		<u></u>	<u></u>		Form <b>990-T</b> (2017)			

<sup>7X2740</sup> 2,000 1378IT L43V

Form	990-T (20	THE JEWISH	FEDERATION OF G	REATER	2		53	-0212445	Page <b>2</b>
Par	t III	Tax Computation							
35	Organi	zations Taxable as Corporations.	See_instructions for ta	ax comp	utation	. Controlled gro	oup		
	member	rs (sections 1561 and 1563) check here 🕨	See instructions a	and:					
а		our share of the \$50,000, \$25,000, and	\$9,925,000 taxable in	come bra	ackets	(in that order):			
	(1) \$	(2)	(3) \$						
b	Enter or	rganization's share of: <b>(1)</b> Additional 5% tax (n	ot more than \$11,750).		. \$				
	(2) Addi	tional 3% tax (not more than \$100,000)			. \$				
С	Income	tax on the amount on line 34		A	ТСН	.6	. 🕨 350	; 1	.93,010.
36	Trusts	Taxable at Trust Rates. See	instructions for tax	comput	tation.	Income tax	on		
	the amo	ount on line 34 from: Tax rate schedule	or Schedule D	(Form 104	41)				
37		ax. See instructions							
38		ive minimum tax							
39		Non-Compliant Facility Income. See instruction						1	0.2 0.1 0
40		dd lines 37, 38 and 39 to line 35c or 36, whi	chever applies			<u></u>	40		.93,010.
		Tax and Payments							
	0	tax credit (corporations attach Form 1118; tr	,						
		redits (see instructions)							
С	General	l business credit. Attach Form 3800 (see instru	uctions)	· · · ·	41c				
		or prior year minimum tax (attach Form 8801							
		edits. Add lines 41a through 41d							02 010
42		t line 41e from line 40						1	93,010.
43		kes. Check if from: Form 4255 Form 86						1	02 010
44		x. Add lines 42 and 43				117,1	<b>44</b>	1	93,010.
		ts: A 2016 overpayment credited to 2017			45a	257,0			
		stimated tax payments				257,0	00.		
		osited with Form 8868			45c				
		organizations: Tax paid or withheld at source							
		withholding (see instructions)			45e				
t		or small employer health insurance premiums	· · · · ·	· · · · ⊢	45f				
g		redits and payments: Form	2439						
							10		374,162.
46		ayments. Add lines 45a through 45g						3	0/4,10Z.
47		ed tax penalty (see instructions). Check if For							
48		. If line 46 is less than the total of lines 44 a						1	.81,152.
49 50		yment. If line 46 is larger than the total of line amount of line 49 you want: Credited to 2018 e				Refunded			.01,152.
50 Par		Statements Regarding Certain			rmati				
51		time during the 2017 calendar year, di							Yes No
31		financial account (bank, securities, or o	•			0			
		Form 114, Report of Foreign Bank ar				-			
	here ►	Form 114, Report of Foreign Dank ar		II 120,	ontoi	the nume of		gir obuility	X
52		the tax year, did the organization receive a di	atribution from or was in	t the grop	tor of	or transforar to a	foroign tr		X
52	Ŭ	<b>,</b> , , , , , , , , , , , , , , , , , ,	,	t the gran	tor or, o	or transferor to, a	Toreign in	JSL?	
53		ee instructions for other forms the organization to amount of tax-exempt interest received or		ar 🕨 \$					
<u></u>		nder penalties of perjury, I declare that I have examine			edules ar	d statements, and to	the best of	my knowledge	and belief, it is
Sig		e, correct, and complete. Declaration of preparer (other than	n taxpayer) is based on all inform	ation of which	h prepare	er has any knowledge.			
Her		IL PREUSS		CEO				e IRS discuss e preparer sh	
	• /   _	gnature of officer	Date	Title			- (see instru	· · ·	
		Print/Type preparer's name	Preparer's signature		Dat	e		PTIN	1.0
Paic	I	JOYCE UNDERWOOD	Jose Unde	resta	el 5		Check self-employ	lif P000	22361
	barer	Firm's name BDO USA, LLP	11					13-5381	
Use	Only	Firm's address ► 8401 GREENSBORO I	DRIVE, #800, MC	LEAN,	VA 2	0100	Phone no.	703-893	

Form	990	)-T	(2017)
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JSA		
7X2742 3.000 1378IT	L43V	

Form 990-T (2017)

1. Description of property

Sch	edule A - Cost of Goods	s So	old. Enter method of invent	tory	valuation 🕨		
1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line		
3	Cost of labor	3			6 from line 5. Enter here and in		
4 a	Additional section 263A costs				Part I, line 2	7	
	(attach schedule)	4a		8	Do the rules of section 263A (with	th re	spect to
b	Other costs (attach schedule)	4b			property produced or acquired for	resal	e) apply
5	Total. Add lines 1 through 4b .	5			to the organization?		
Sch	edule C - Rent Income (Fro	om I	Real Property and Perso	nal	Property Leased With Real Propert	y)	
(se	e instructions)						

( )								
2. Rent receiv	2. Rent received or accrued							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			3(a) Deductions directly connected with the incomin columns 2(a) and 2(b) (attach schedule)				
(1)								
(2)								
(3)								
(4)								
Total	Total							
(c) Total income. Add totals of columns 2(a) and 2(l here and on page 1, Part I, line 6, column (A)	,			<ul> <li>(b) Total deductions.</li> <li>Enter here and on page 1,</li> <li>Part I, line 6, column (B) ►</li> </ul>				
Schedule E - Unrelated Debt-Financed Ir	ncome (se	e instructions)						
1. Description of debt-financed property		2. Gross income from or allocable to debt-financed	<b>3</b> . D		onnected with or allocable to aced property			
		property		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1) ATTACHMENT 7								

(1)		
(2)		
(3)		
(4)		
	2. Rent received or accrued	

Schedule E - Unrelated D	ebt-Financed Income (se	ee instructions)				
1. Description of debt-financed property		2. Gross income from or allocable to debt-financed	3. Deductions directly connected with or allocable to debt-financed property			
		property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1) ATTACHMENT 7						
(2)						
(3)						
(4)						
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	<ol> <li>Average adjusted basis of or allocable to debt-financed property (attach schedule)</li> </ol>	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)		%				
(2)		%				
(3)		%				
(4)		%				
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).		
Totals			514,487.	294,082.		
Total dividends-received deduc						

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Page 3

No

Yes

Schedule F - Interest, Annu	uities, Royalties	, and Re	nts Fro	om Contro	led Or	ganizati	ons (see	e instructio	ons)	0
				ontrolled Org			,		,	
1. Name of controlled organization	2. Employer identification numb			ated income instructions)	4. Total of specified payments made 5. Part of column 4 that included in the control organization's gross inc		olling	ling connected with income		
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7. Taxable Income	8. Net unrelated ir (loss) (see instruc		<ol> <li>9. Total of specified payments made</li> </ol>						<ol> <li>Deductions directly onnected with income in column 10</li> </ol>	
(1)										
(2)										
(3)										
(4)										
Totals Schedule G - Investment Ir					) Orga	Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A).	Ent	dd columns 6 and 11. ter here and on page 1, rt I, line 8, column (B).
1. Description of income	2. Amount of			3. Deduc directly cor	3. Deductions directly connected (attach schedule) (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)			
(1)										
(2)										
(3)										
(4)										
				Enter here and on page 1, Part I, line 9, column (B).						
Totals										
Schedule I - Exploited Exe	empt Activity In	come, Ot	her Th	an Adverti	sing Ir	ncome (s	see instru	ictions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe direc connecte product unrela business	tly d with ion of ted	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.5. Gross income from activity that is not unrelated business income6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).				
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, line 10, c	Part I,			1		1		Enter here and on page 1, Part II, line 26.
Totals Schedule J - Advertising Ir	Come (see instr	uctions)								
Part I Income From Per			`oneol	idated Bar	ie					
			2011501		515					
1. Name of periodical	2. Gross advertising income	<b>3.</b> Dir advertisin		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.     5. Circulation income     6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).				
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										

Form **990-T** (2017)

(4)

						0
Part II Income From Per 2 through 7 on a	iodicals Reporting the second	r <b>ted on a Sepa</b> i s.)	r <b>ate Basis</b> (For e	each periodica	listed in Part II	, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	f 5. Circulation 6. Reader cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I.						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1. Name		2. Title		3. Percent of time devoted to business	4. Compensatio unrelated	
(1)				%		
(2) ATTACHMENT 8				%		
(3)				%		

Total. Enter here and on page 1, Part II, line 14

Form 990-T (2017)

%

\_

ATTACHMENT 1

#### ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

INCOME DERIVED FROM PARTNERSHIP INVESTMENTS AND RENTAL OF DEBT-FINANCED PROP.

ATTACHMENT 2

#### FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

AG REALTY FUND VII FRIENDSHIP PROPERTIES LTD. PARTNERSHIP HIGHLAND HOUSE LIMITED PARTNER LEXINGTON CAPITAL PARTNERS VI-A, L.P. PAUL CAPITAL PARTNERS IX L.P. TIFF PRIVATE EQUITY PARTNERS 2007, LLC TIFF PRIVATE EQUITY PARTNERS 2008, LLC TIFF PRIVATE EQUITY PARTNERS 2006, LLC WALTON STREET REAL ESTATE FUND VI, LP SPUR VENTURES III, LP	-12,209. 196,132. 366,907. -343. -486. -13,839. 25,509. 27,002. 81,259. -2.
PRIVATE ADVISORS SMALL COMPANY	-44,391.
INCOME (LOSS) FROM PARTNERSHIPS	625,539.

\_\_\_\_

ATTACHMENT 3

#### PART I - LINE 12 - OTHER INCOME

DISALLOWED TRANSPORTATION FRINGE BENEFITS	1,484.
PART I - LINE 12 - OTHER INCOME	1,484.

ATTACHMENT 4

## FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	847,428.
LESS: DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD	67,987. * 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	77,944.
CHARITABLE CONTRIBUTION	77,944.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	77,944.

1378IT L43V

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ATTACHMENT 5

#### FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

PROFESSIONAL SERVICE FEES

5,000.

PART II - LINE 28 - OTHER DEDUCTIONS 5,000.

53-0212445 ATTACHMENT 6

### FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34). 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	700,497.
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	238,169.
3 TAX ON LINE 1 FIGURED USING THE 21% RATE	147,104.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184	
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	43,823,096.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181	
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	26,625,824.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	120,063.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	72,947.
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	193,010.

THE JEWISH FEDERATION OF GREATER				53-0212445	i			
SCHEDULE E - UNRELATED DEBT-FINANCED INCOME	=			ATTACHMENT 7				
				4.	5.		7.	8.
		3.		AVERAGE	AVERAGE	6.	GROSS INCOME	ALLOCABLE
1.	2.	DEDUCTIONS DIRECTI	LY CONNECTED	ACQUISITION	ADJUSTED	% 4 IS	REPORTABLE	DEDUCTIONS
DESCRIPTION OF DEBT-FINANCED PROPERTY	GROSS INCOME	<u>(3A)</u>	<u>(3B)</u>	DEBT	BASIS	<u>OF 5</u>	<u>(2 X 6)</u>	<u>6 * (3A + 3B)</u>
OFFICE BUILDING	941,129.	208,992.	328,959.	3,478,750.	6,363,529.	54.667	514,487.	294,082.
				TOTALS			514,487.	294,082.

\_\_\_\_

ATTACHMENT 8

#### SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES \_\_\_\_\_

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
ALAN FREEMAN 6101 EXECUTIVE BLVD 100 NORTH BETHESDA, MD 20852	MEMBER	0	0.
DANIEL MENDELSON 6101 EXECUTIVE BLVD 100 NORTH BETHESDA, MD 20852	MEMBER	0	0.
TOTAL COMPENSATION			0.