

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

# 2018

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.</u>			<b>D</b> Employer identification number <u>53-0212445</u>		
	Doing Business As			<b>E</b> Telephone number <u>(301) 230-7200</u>		
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	City or town, state or province, country, and ZIP or foreign postal code <u>NORTH BETHESDA, MD 20852</u>		
	<u>6101 EXECUTIVE BLVD</u>		<u>100</u>			
<b>F</b> Name and address of principal officer: <u>GIL PREUSS</u> <u>SAME AS "C" ABOVE</u>						<b>G</b> Gross receipts \$ <u>73,496,896.</u>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J</b> Website: ▶ <u>WWW.SHALOMDC.ORG</u>						<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						<b>H(c)</b> Group exemption number ▶
<b>L</b> Year of formation: <u>1948</u>						<b>M</b> State of legal domicile: <u>MD</u>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO INSPIRE, BUILD, AND SUSTAIN VIBRANT JEWISH LIFE IN A CHANGING WORLD BY MOBILIZING OUR COMMUNITY IN COMMON PURPOSE, INTENTIONAL INNOVATION, AND EFFECTIVE ACTION.</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u> 123.		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> 122.		
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<u>5</u> 92.		
	<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u> 8,002.		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u> 642,515.		
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u> 527,854.			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<u>29,716,816.</u>	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>0.</u>	<u>27,146,679.</u>	<u>0.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>14,069,431.</u>	<u>8,043,556.</u>	<u>0.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>-195,060.</u>	<u>-778,465.</u>	<u>0.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>43,591,187.</u>	<u>34,411,770.</u>	<u>0.</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>20,184,646.</u>	<u>23,651,432.</u>	<u>0.</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>6,691,898.</u>	<u>0.</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>6,724,633.</u>	<u>38,113.</u>	<u>22,527.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>38,113.</u>	<u>3,701,110.</u>	<u>4,708,213.</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>3,883,865.</u>	<u>30,648,502.</u>	<u>35,074,070.</u>	<u>12,942,685.</u>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>3,701,110.</u>	<u>12,942,685.</u>	<u>-662,300.</u>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>30,648,502.</u>	<u>189,914,904.</u>	<u>191,036,346.</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>12,942,685.</u>	<u>69,045,016.</u>	<u>70,244,357.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<u>258,959,920.</u>	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<u>69,045,016.</u>	<u>261,280,703.</u>	<u>70,244,357.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>189,914,904.</u>	<u>189,914,904.</u>	<u>191,036,346.</u>

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## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer	<u>GIL PREUSS</u>	Date	<u>05/13/2020</u>	
	Type or print name and title	<u>CEO</u>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>JOYCE UNDERWOOD</u>	<u>Joyce Underwood</u>	<u>05/14/2020</u>	<input type="checkbox"/>	<u>P00022361</u>
	Firm's name ▶ <u>BDO USA, LLP</u>	Firm's EIN ▶ <u>13-5381590</u>	Phone no. <u>703-893-0600</u>		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 23,651,432. including grants of \$ 23,651,432. ) (Revenue \$ )

ATTACHMENT 2

4b (Code: ) (Expenses \$ 4,067,220. including grants of \$ ) (Revenue \$ )

ATTACHMENT 3

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 27,718,652.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational reporting requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">2a</span> <span style="float:right">92</span>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .	X	
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)? . . . . .		X
b	If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> 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 at any time during the tax year? . . . . .		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
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? . . . . .		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
d	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders <span style="float:right">11a</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> 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 <span style="float:right">13b</span>		
c	Enter the amount of reserves on hand <span style="float:right">13c</span>		
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (123), 1b (122), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed DC, MD, VA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)NISSAN ANTINE MEMBER	.70 0.	X					0.	0.	0.	
(2)BRIAN ASHIN MEMBER	.70 0.	X					0.	0.	0.	
(3)VIVIAN BASS MEMBER	.70 0.	X					0.	0.	0.	
(4)EMILY BENOVIKZ MEMBER	.70 0.	X					0.	0.	0.	
(5)GLENN BENSON MEMBER	.70 0.	X					0.	0.	0.	
(6)PAUL S. BERGER COUNSEL	2.00 0.	X		X			0.	0.	0.	
(7)GARY BERMAN PRESIDENT	2.00 0.	X		X			0.	0.	0.	
(8)JOSHUA B. BERNSTEIN MEMBER	.70 0.	X					0.	0.	0.	
(9)NORMAN BERNSTEIN MEMBER	.70 0.	X					0.	0.	0.	
(10)JOEL BRESLAU PAST PRESIDENT	2.00 0.	X					0.	0.	0.	
(11)HEIDI BRODSKY MEMBER	.70 0.	X					0.	0.	0.	
(12)BARBARA BROWN MEMBER	.70 0.	X					0.	0.	0.	
(13)SCOTT BROWN PRESIDENTIAL APPOINTEE	2.00 0.	X		X			0.	0.	0.	
(14)BRADLEY A. BUSLIK MEMBER	.70 0.	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) DAVID J. BUTLER ----- PAST PRESIDENT	2.00 ----- 0.	X						0.	0.	0.
( 16) NATALIE CANTOR ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
( 17) JOHANNA CHANIN ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
( 18) GERALD CHARNOFF ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
( 19) ABBY CHERNER ----- VICE PRESIDENT, MARKETING	2.00 ----- 0.	X		X				0.	0.	0.
( 20) JEFF COHEN ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
( 21) MARCELLA COHEN ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
( 22) MORRIS COHEN ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
( 23) DANIEL CONSTON ----- SECRETARY	2.00 ----- 0.	X		X				0.	0.	0.
( 24) JASON M. CONWAY ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
( 25) EVA MALKA DAVIS ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								1,810,372.	0.	78,107.
<b>d Total (add lines 1b and 1c)</b> . . . . .								1,810,372.	0.	78,107.

**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 ► 15

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 6



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

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

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 15

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) ALAN FREEMAN MEMBER	.70 0.	X					0.	0.	0.	
( 38) MATTHEW FRIEDSON MEMBER	.70 0.	X					0.	0.	0.	
( 39) MICHAEL C. GELMAN PAST PRESIDENT	2.00 0.	X					0.	0.	0.	
( 40) SUSAN R. GELMAN PAST PRESIDENT	2.00 0.	X					0.	0.	0.	
( 41) MORGAN GENDERSON MEMBER	.70 0.	X					0.	0.	0.	
( 42) JOSEPH B. GILDENHORN PAST PRESIDENT	2.00 0.	X					0.	0.	0.	
( 43) ELIOT GOLDBERG MEMBER	.70 0.	X					0.	0.	0.	
( 44) HILLEL GOLDBERG MEMBER	.70 0.	X					0.	0.	0.	
( 45) JOEL GOLDHAMMER MEMBER	.70 0.	X					0.	0.	0.	
( 46) LAURA GOLDMAN MEMBER	.70 0.	X					0.	0.	0.	
( 47) LOUIS GOODMAN MEMBER	.70 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 15

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) CAROL I. GORDON MEMBER	.70 0.	X					0.	0.	0.	
( 49) JILL GRANADER MEMBER	.70 0.	X					0.	0.	0.	
( 50) NEIL GURVITCH PRESIDENTIAL APPOINTEE	2.00 0.	X		X			0.	0.	0.	
( 51) MARCI HANDLER MEMBER	.70 0.	X					0.	0.	0.	
( 52) ROBIN HETTLEMAN WEINBERG VP, WOMEN'S PHILANTHROPY	2.00 0.	X		X			0.	0.	0.	
( 53) MICHELE HYMER BLITZ MEMBER	.70 0.	X					0.	0.	0.	
( 54) KATHY INGBER MEMBER	.70 0.	X					0.	0.	0.	
( 55) KERRY L. IRIS MEMBER	.70 0.	X					0.	0.	0.	
( 56) ELLEN KAGEN WAGHELSTEIN MEMBER	.70 0.	X					0.	0.	0.	
( 57) MARK KAHAN MEMBER	.70 0.	X					0.	0.	0.	
( 58) CANDACE KAPLAN MEMBER	.70 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 15

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 59) EDWARD H. KAPLAN ----- PAST PRESIDENT	2.00 ----- 0.	X						0.	0.	0.
( 60) IRENE R. KAPLAN ----- PAST PRESIDENT	2.00 ----- 0.	X						0.	0.	0.
( 61) LAWRENCE KAPLAN ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
( 62) LESLIE A. KAPLAN ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
( 63) RONALD KAPLAN ----- VP, STRATGIC PLANNING OVERSEAS	2.00 ----- 0.	X		X				0.	0.	0.
( 64) SAMUEL G. KAPLAN ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
( 65) SHERRY K. KASWELL ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
( 66) STUART KASWELL ----- VP, FINANCE & TREASURER	2.00 ----- 0.	X		X				0.	0.	0.
( 67) SHELDON H. KLEIN ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
( 68) WILLIAM M. KREISBERG ----- MEMBER	.70 ----- 0.	X						0.	0.	0.
( 69) JOCELYN B. KRIFCHER ----- VP, STRATEGIC PLANNING LOCAL	2.00 ----- 0.	X		X				0.	0.	0.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 15

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 70) ROCHELLE KUPFER MEMBER	.70 0.	X					0.	0.	0.	
( 71) STUART S. KURLANDER PAST PRESIDENT	2.00 0.	X					0.	0.	0.	
( 72) STEVEN LAUFER MEMBER	.70 0.	X					0.	0.	0.	
( 73) STUART H. LESSANS MEMBER	.70 0.	X					0.	0.	0.	
( 74) HENRY D. LEVINE MEMBER	.70 0.	X					0.	0.	0.	
( 75) MICHAEL LEVINE MEMBER	.70 0.	X					0.	0.	0.	
( 76) MARK L. LEAVITT VP, FINANCIAL RESOURCE DEV.	2.00 0.	X		X			0.	0.	0.	
( 77) LIZA LEVY PAST PRESIDENT	2.00 0.	X					0.	0.	0.	
( 78) MARK K. LEZELL MEMBER	.70 0.	X					0.	0.	0.	
( 79) JUDAH LIFSCHITZ MEMBER	.70 0.	X					0.	0.	0.	
( 80) YELENA LINGEL MEMBER	.70 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 15

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 81) JODI MACKLIN MEMBER	.70 0.	X					0.	0.	0.	
( 82) MITCHELL MALASKY VP, YOUNG LEADERSHIP	2.00 0.	X		X			0.	0.	0.	
( 83) PHILIP N. MARGOLIUS PAST PRESIDENT	2.00 0.	X					0.	0.	0.	
( 84) LOUIS MAYBERG MEMBER	.70 0.	X					0.	0.	0.	
( 85) ALAN L. MELTZER MEMBER	.70 0.	X					0.	0.	0.	
( 86) DANIEL MENDELSON MEMBER	.70 0.	X					0.	0.	0.	
( 87) M. HOWARD MORSE MEMBER	.70 0.	X					0.	0.	0.	
( 88) BENJAMIN NUSSDORF MEMBER	.70 0.	X					0.	0.	0.	
( 89) RONALD A. PAUL, M.D. MEMBER	.70 0.	X					0.	0.	0.	
( 90) JAMIE POSLOSKY MEMBER	.70 0.	X					0.	0.	0.	
( 91) NORMAN POZEZ PRESIDENT, UNITED JEWISH ENDOW	2.00 0.	X		X			0.	0.	0.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 15

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 92) KIM PRICE MEMBER	.70 0.	X					0.	0.	0.	
( 93) DAPHNA RASKAS MEMBER	.70 0.	X					0.	0.	0.	
( 94) ADAM J. RASKIN MEMBER	.70 0.	X					0.	0.	0.	
( 95) DEBORAH RATNER SALZBERG MEMBER	.70 0.	X					0.	0.	0.	
( 96) MERYL ROSENBERG MEMBER	.70 0.	X					0.	0.	0.	
( 97) JEFFREY RUM MEMBER	.70 0.	X					0.	0.	0.	
( 98) JONATHAN SACHS MEMBER	.70 0.	X					0.	0.	0.	
( 99) IVAN M. SCHAEFFER PAST PRESIDENT	2.00 0.	X					0.	0.	0.	
(100) JANIS SCHIFF MEMBER	.70 0.	X					0.	0.	0.	
(101) MARISSA SCHLAIFER MEMBER	.70 0.	X					0.	0.	0.	
(102) SUSAN SCHOR MEMBER	.70 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 15

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) KEN SCHWARTZ MEMBER	.70 0.	X					0.	0.	0.	
(104) RAANAN SHAMES MEMBER	.70 0.	X					0.	0.	0.	
(105) SUSAN N. SHANKMAN MEMBER	.70 0.	X					0.	0.	0.	
(106) JESSICA SHER MEMBER	.70 0.	X					0.	0.	0.	
(107) JANE E. SHICHMAN VP, LEADERSHIP & VOLUNTEER DEV	2.00 0.	X		X			0.	0.	0.	
(108) BEN SHLESINGER MEMBER	.70 0.	X					0.	0.	0.	
(109) MATTHEW H. SIMON PAST PRESIDENT	2.00 0.	X					0.	0.	0.	
(110) DAVID SLOAN MEMBER	.70 0.	X					0.	0.	0.	
(111) SAMANTHA SMITH MEMBER	.70 0.	X					0.	0.	0.	
(112) MIRIAM SMOLEN MEMBER	.70 0.	X					0.	0.	0.	
(113) ASHLEY STEINBERG MEMBER	.70 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 15**

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) SHIRA STUTMAN MEMBER	.70 0.	X					0.	0.	0.	
(115) STUART TAUBER MEMBER	.70 0.	X					0.	0.	0.	
(116) ERIC WACHTER MEMBER	.70 0.	X					0.	0.	0.	
(117) EDWARD R. WEISS SECRETARY	2.00 0.	X		X			0.	0.	0.	
(118) JOANNE WYMAN MEMBER	.70 0.	X					0.	0.	0.	
(119) DAVID YAFFE MEMBER	.70 0.	X					0.	0.	0.	
(120) ROBERT E. ZAHLER PAST PRESIDENT	2.00 0.	X					0.	0.	0.	
(121) CINDY ZITELMAN MEMBER	.70 0.	X					0.	0.	0.	
(122) P. RICHARD ZITELMAN VICE PRESIDENT AT LARGE	2.00 0.	X		X			0.	0.	0.	
(123) GIL PREUSS EXECUTIVE VICE PRESIDENT & CEO	55.00 0.	X		X			486,461.	0.	21,388.	
(124) EILEEN FRAZIER CHIEF OPERATING OFFICER	55.00 0.					X	242,618.	0.	11,974.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 15

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

**Section B. Independent Contractors**

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

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

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

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include ZACHARY BRITON, STACYE N. ZEISLER, ISABELLA YUSIMOVA, JUDD HOLZMAN, STEVEN A. RAKITT.

1b Sub-total
c Total from continuation sheets to Part VII, Section A
d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a?
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?
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?

Yes/No table for questions 3, 4, and 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.

Table for Section B with columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 48,415.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 115,790.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 185,055.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 26,797,419.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .	4,868,080.					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶						27,146,679.
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		0.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶		2,783,496.		521,936.	2,261,560.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶		0.				
	<b>5</b> Royalties . . . . . ▶		0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	1,378,171.				
		(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .	2,000,265.				
	<b>c</b> Rental income or (loss) . . . . .	-622,094.					
	<b>d</b> Net rental income or (loss) . . . . . ▶		-622,094.		120,579.	-742,673.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	41,859,700.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	36,599,640.				
		<b>c</b> Gain or (loss) . . . . .	5,260,060.				
	<b>d</b> Net gain or (loss) . . . . . ▶		5,260,060.			5,260,060.	
	<b>8a</b> Gross income from fundraising events (not including \$ 115,790. of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>		66,334.				
		<b>b</b> Less: direct expenses . . . . . <b>b</b>	485,221.				
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶			-418,887.				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>		0.					
	<b>b</b> Less: direct expenses . . . . . <b>b</b>	0.					
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶						0.
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>		0.					
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>	0.					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶						0.
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> OTHER MISCELLANEOUS INCOME		900099	262,516.			262,516.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			262,516.				
<b>12 Total revenue.</b> See instructions. . . . . ▶			34,411,770.		642,515.	6,622,576.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	23,651,432.	23,651,432.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	513,757.	148,989.	133,577.	231,191.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	4,907,657.	1,443,062.	1,276,803.	2,187,792.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	295,243.	60,832.	126,307.	108,104.
<b>9</b> Other employee benefits . . . . .	591,548.	144,951.	224,941.	221,656.
<b>10</b> Payroll taxes . . . . .	383,693.	109,997.	102,322.	171,374.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	12,916.	3,322.	9,594.	
<b>c</b> Accounting . . . . .	89,138.	22,928.	66,210.	
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17.	22,527.			22,527.
<b>f</b> Investment management fees . . . . .	344,833.	100,002.	89,657.	155,174.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	2,153,293.	1,063,583.	849,379.	240,331.
<b>12</b> Advertising and promotion . . . . .	36,528.	23,041.	2,861.	10,626.
<b>13</b> Office expenses . . . . .	598,767.	241,217.	105,828.	251,722.
<b>14</b> Information technology . . . . .	0.			
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	215,509.	33,354.	98,008.	84,147.
<b>17</b> Travel . . . . .	321,344.	217,922.	70,356.	33,066.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	172,683.	126,014.	25,183.	21,486.
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	201,585.	24,827.	176,493.	265.
<b>23</b> Insurance . . . . .	36,973.	408.	36,565.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MISSIONS	50,328.	45,555.		4,773.
<b>b</b> MISCELLANEOUS EXPENSES	474,316.	257,216.	77,469.	139,631.
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	35,074,070.	27,718,652.	3,471,553.	3,883,865.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments	3,053,064.	<b>2</b>	5,735,160.
	<b>3</b> Pledges and grants receivable, net	4,904,406.	<b>3</b>	4,136,734.
	<b>4</b> Accounts receivable, net	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges	0.	<b>9</b>	0.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 23,062,822.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 5,034,696.	18,733,838.	<b>10c</b> 18,028,126.
	<b>11</b> Investments - publicly traded securities	139,666,160.	<b>11</b>	155,220,764.
	<b>12</b> Investments - other securities. See Part IV, line 11	84,245,786.	<b>12</b>	69,510,224.
	<b>13</b> Investments - program-related. See Part IV, line 11	0.	<b>13</b>	0.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11	8,356,666.	<b>15</b>	8,649,695.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	258,959,920.	<b>16</b>	261,280,703.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	5,564,192.	<b>17</b>	3,929,957.
	<b>18</b> Grants payable	10,337,288.	<b>18</b>	11,112,790.
	<b>19</b> Deferred revenue	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities	8,600,000.	<b>20</b>	8,600,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	3,320,000.	<b>23</b>	5,663,838.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	41,223,536.	<b>25</b>	40,937,772.
	<b>26 Total liabilities.</b> Add lines 17 through 25	69,045,016.	<b>26</b>	70,244,357.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	76,882,324.	<b>27</b>	75,080,211.
	<b>28</b> Temporarily restricted net assets	85,986,319.	<b>28</b>	89,022,233.
	<b>29</b> Permanently restricted net assets	27,046,261.	<b>29</b>	26,933,902.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	189,914,904.	<b>33</b>	191,036,346.
<b>34</b> Total liabilities and net assets/fund balances	258,959,920.	<b>34</b>	261,280,703.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	34,411,770.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	35,074,070.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-662,300.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	189,914,904.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,865,751.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,082,009.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	191,036,346.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form **990** (2018)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

Employer identification number 53-0212445

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An 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 university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). 14 80.96%
Row 15: Public support percentage from 2017 Schedule A, Part II, line 14 15 81.05%

16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 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**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> 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>	<b>2</b>	
<b>3</b> 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>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> 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	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 . . . . .			
b From 2014 . . . . .			
c From 2015 . . . . .			
d From 2016 . . . . .			
e From 2017 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . . . .			
b Excess from 2015 . . . . .			
c Excess from 2016 . . . . .			
d Excess from 2017 . . . . .			
e Excess from 2018 . . . . .			

**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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS INCOME	755,852.	317,331.	674,630.	556,984.	262,516.	2,567,313.
<b>TOTALS</b>	<u>755,852.</u>	<u>317,331.</u>	<u>674,630.</u>	<u>556,984.</u>	<u>262,516.</u>	<u>2,567,313.</u>

**Schedule of Contributors**

**2018**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,066,841.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,020,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,604,832.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 950,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 595,046.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 786,041.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK _____ _____ _____	\$ 1,066,841.	06/30/2019
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Employer identification number 53-0212445

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

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

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

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment 37.7100 %
b Permanent endowment 14.7100 %
c Temporarily restricted endowment 47.5800 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i) No, 3a(ii) Yes, 3b Yes.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

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

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) HEDGE FUNDS	49,355,199.	FMV
(B) REAL ASSETS	1,622,235.	FMV
(C) PRIVATE EQUITY	3,636,164.	FMV
(D) FUND OF FUNDS - PRIVATE EQUITY	14,896,626.	FMV
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	69,510,224.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" 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	6,567,140.
(3) DUE TO AGENCIES	34,049,860.
(4) INTEREST RATE SWAP LIABILITY	320,772.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	40,937,772.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 34,411,770.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 35,074,070.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

PART V, LINE 4:

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

PART X, LINE 2

THE FEDERATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED. THE FEDERATION'S MANAGEMENT BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND; ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. FOR THE YEAR ENDED JUNE 30, 2019, THE FEDERATION DID NOT PAY INTEREST AND PENALTIES.

THE TAX YEARS ENDED JUNE 30, 2017, 2018 AND 2019, REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS TO WHICH THE FEDERATION IS SUBJECT, AND THEY HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF LIMITATIONS. NO EXAMINATIONS ARE CURRENTLY IN PROCESS.

PART XI, LINE 2D

FUNDRAISING EXPENSES NETTED AGAINST INCOME	\$ 485,221
UNREALIZED LOSS ON INTEREST RATE SWAPS	(\$ 583,267)
TOTAL LINE 2D, OTHER NOT ON 990 AS REVENUE	(\$ 98,046)

**Part XIII** Supplemental Information *(continued)*

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PART XII, LINE 2D

FUNDRAISING EXPENSES NETTED AGAINST INCOME \$ 485,221



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

Employer identification number  
**53-0212445**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> MIDDLE EAST AND NORTH AFRICA	0.	0.	INVESTMENTS	ISRAEL BONDS	3,903,348.
<b>(2)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS	INVESTMENTS	49,988,413.
<b>(3)</b> EUROPE	0.	0.	INVESTMENTS	INVESTMENTS	13,822,928.
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .					67,714,689.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					67,714,689.

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

Schedule F (Form 990) 2018

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

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

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

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

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

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest instructions.

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

Employer identification number 53-0212445

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> .....					198,739.	22,527.	176,212.

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

DC, MD, NY, VA,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		NETWORK KICKOFF (event type)	GOOD DEEDS DAY (event type)	5. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	45,738.	21,579.	114,807.	182,124.
	<b>2</b> Less: Contributions . . . . .	46,694.		67,614.	114,308.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	-956.	21,579.	47,193.	67,816.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	73,188.		18,829.	92,017.
	<b>7</b> Food and beverages . . . . .	60,666.	758.	78,343.	139,767.
	<b>8</b> Entertainment . . . . .			90.	90.
	<b>9</b> Other direct expenses . . . . .	76,177.	57,803.	104,557.	238,537.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				470,411.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-402,595.	

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

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

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

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

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

Director/officer       Employee       Independent contractor

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

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

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990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
TARGET OUTREACH, INC.  2006 SOUTHERN BOULEVARD, SUITE 101 RIO RANCHO NM 87124	TELEPHONE CALLS		X	198,739.	22,527.	176,212.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

Employer identification number  
53-0212445

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALEXANDER MUSS INSTITUTE 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	59-0173782	501 C 3	7,750.				SEE PART IV, TYPE E
(2) AMERICAN UNIV - HILLEL - KAY SPIRITUAL LIFE 4400 MASS AVE. NW WASHINGTON, DC 20016	52-6066696	501 C 3	25,523.				SEE PART IV, TYPE E
(3) ANTI DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501 C 3	12,500.				SEE PART IV, TYPE D
(4) AVODAH 125 MAIDEN LN RM 8B NEW YORK, NY 10038	13-3914342	501 C 3	40,000.				SEE PART IV, TYPE D
(5) BENDER JCC OF GREATER WASHINGTON 6125 MONTROSE RD ROCKVILLE, MD 20852	53-0205921	501 C 3	1,048,145.				SEE PART IV, TYPE D
(6) BERMAN HEBREW ACADEMY 13300 ARCTIC AVENUE ROCKVILLE, MD 20853	53-0208371	501 C 3	21,500.				SEE PART IV, TYPE E
(7) B'NAI BRITH YOUTH ORGANIZATION 6125 MONTROSE RD ROCKVILLE, MD 20852	31-1794932	501 C 3	49,294.				SEE PART IV, TYPE D
(8) BNEI AKIVA OF NEW YORK INC. 520 8TH AVENUE NEW YORK, NY 10018	56-2361891	501 C 3	12,744.				SEE PART IV, TYPE D
(9) CAMP AIRY AND CAMP LOUISE FOUNDATION INC. 5750 PARK HTS AVE. BALTIMORE, MD 21215	52-0563083	501 C 3	38,200.				SEE PART IV, TYPE D
(10) CAMP JUDAEA INC. 1440 SPRING ST. NW ATLANTA, GA 30309	58-6014651	501 C 3	7,400.				SEE PART IV, TYPE D
(11) CAMP RAMAH IN NEW ENGLAND 1206 BOSTON PROV TPKE NORWOOD, MA 02062	04-3035964	501 C 3	10,600.				SEE PART IV, TYPE D
(12) CAPITAL CAMPS AND RETREAT CENTER 11300 ROCKVILLE PIKE ROCKVILLE, MD 20852	52-1515202	501 C 3	145,478.				SEE PART IV, TYPE D

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

Employer identification number  
53-0212445

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHARLES E SMITH JEWISH DAY SCHOOL 1901 E JEFFERSON ST ROCKVILLE, MD 20852	52-0961920	501 C 3	471,355.				SEE PART IV, TYPE E
(2) EDLAVITCH WASHINGTON DC JCC 1529 16TH STREET NW WASHINGTON, DC 20036	52-1398151	501 C 3	426,932.				SEE PART IV, TYPE D
(3) 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
(4) GATHER, INC 1817 M ST NW WASHINGTON, DC 20036	81-2318776	501 C 3	190,600.				SEE PART IV, TYPE D
(5) GEORGE MASON UNIVERSITY - HILLEL 4400 UNIVERSITY BLVD FAIRFAX, VA 22030	52-2232458	501 C 3	25,523.				SEE PART IV, TYPE E
(6) 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
(7) GESHER JEWISH DAY SCHOOL 4700 SHIRLEY GATE RD FAIRFAX, VA 22030	54-1201968	501 C 3	105,751.				SEE PART IV, TYPE E
(8) HADAR 190 AMSTERDAM AVENUE NEW YORK, NY 10023	26-4412164	501 C 3	30,000.				SEE PART IV, TYPE D
(9) HONEYMOON ISRAEL FOUNDATION 1417 MAYSON STREET, NE ATLANTA, GA 30324	47-1291052	501 C 3	35,000.				SEE PART IV, TYPE D
(10) ISRAELI AMERICAN COUNCIL 5900 CANOGA AVE., WOODLAND HILLS, CA 91367	22-3951652	501 C 3	22,000.				SEE PART IV, TYPE D
(11) JEWISH COALITION AGAINST DOMESTIC ABUSE 133 ROLLINS AVE, # 3 ROCKVILLE, MD 20852	52-2259318	501 C 3	53,419.				SEE PART IV, TYPE D
(12) JCC OF NORTHERN VIRGINIA 8900 LITTLE RIVER TPKE FAIRFAX, VA 20031	54-1145849	501 C 3	388,637.				SEE PART IV, TYPE D

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(1) JEWISH COMMUNITY RELATIONS COUNCIL 6101 EXECUTIVE BLVD ROCKVILLE, MD 20852	52-0214465	501 C 3	603,013.				SEE PART IV, TYPE D
(2) JEWISH COUNCIL FOR THE AGING 11820 PARKLAWN DR ROCKVILLE, MD 20852	52-0983740	501 C 3	299,884.				SEE PART IV, TYPE D
(3) JEWISH FEDERATION OF GREATER PITTSBURGH 2000 TECHNOLOGY DRIVE PITTSBURGH, PA 15219	25-1017602	501 C 3	6,224.				SEE PART IV, TYPE D
(4) JEWISH FEDERATION OF NORTH AMERICA 25 BROADWAY, # 1700 NEW YORK, NY 10004	13-1624240	501 C 3	4,507,813.				SEE PART IV, TYPE D
(5) JEWISH FUNDERS NETWORK 150 W 30TH ST RM 900 NEW YORK, NY 10001	23-2742482	501 C 3	50,000.				SEE PART IV, TYPE D
(6) JEWISH HISTORICAL SOCIETY OF GREATER WA 701 4TH STREET, NW, WASHINGTON, DC 20001	52-6064549	501 C 3	31,500.				SEE PART IV, TYPE D
(7) JEWISH MILLENNIAL ENGAGEMENT PROJECT INC. 8215 OLD GEORGETOWN RD BETHESDA, MD 20814	81-2724200	501 C 3	70,000.				SEE PART IV, TYPE D
(8) JEWISH SOCIAL SERVICE AGENCY 6123 MONTROSE RD ROCKVILLE, MD 20852	53-0196598	501 C 3	1,190,770.				SEE PART IV, TYPE D
(9) JEWISH FOUNDATION FOR GROUP HOMES 1500 EAST JEFFERSON ST ROCKVILLE, MD 20852	52-1263608	501 C 3	194,104.				SEE PART IV, TYPE D
(10) JOSEPH & BETTY HARLAM CAMP UNION OF AMBER H 301 CITY AVENUE BALA CYNWYD, PA 19004	23-6050581	501 C 3	7,700.				SEE PART IV, TYPE D
(11) JPRO NETWORK INC 25 BROADWAY NEW YORK, NY 10004	13-1624105	501 C 3	12,500.				SEE PART IV, TYPE D
(12) MELVIN J. BERMAN HEBREW ACADEMY 13300 ARCTIC AVE ROCKVILLE, NY 20853	53-0208371	501 C 3	293,067.				SEE PART IV, TYPE E

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(1) MESORAH INC. 10717 MEADOWHILL RD SILVER SPRING, MD 20901	13-4251165	501 C 3	12,000.				SEE PART IV, TYPE D
(2) MILTON GOTTESMAN JEWISH DAY SCHOOL 6045 16TH ST, NW WASHINGTON, DC 20011	52-2115715	501 C 3	199,069.				SEE PART IV, TYPE E
(3) MOISHE HOUSE 441 SAXONY RD BARN 2 ENCINTAS, CA 92024	26-2599786	501 C 3	84,900.				SEE PART IV, TYPE D
(4) NATIONAL CONFERENCE SYNAGOGUE YOUTH 4001 CLARKS LANE BALTIMORE, MD 21215	13-5623717	501 C 3	10,974.				SEE PART IV, TYPE D
(5) NFTY MID ATLANTIC REGION 1 WEST 4TH ST NEW YORK, NY 10012	13-1663143	501 C 3	7,571.				SEE PART IV, TYPE D
(6) OLAM TIKVAH CONGREGATION 3800 GLENBROOK RD FAIRFAX, VA 22031	54-0760310	501 C 3	12,500.				SEE PART IV, TYPE D
(7) PINEMERE CAMP 4100 MAIN ST, # 301 PHILADELPHIA, PA 19127	12-1429830	501 C 3	7,700.				SEE PART IV, TYPE D
(8) SHAARE TORAH INC 1409 MAIN ST GAITHERSBURG, MD 20878	52-1960913	501 C 3	18,000.				SEE PART IV, TYPE D
(9) SULAM 13300 ARCTIC AVE ROCKVILLE, MD 20853	52-2105076	501 C 3	25,000.				SEE PART IV, TYPE E
(10) SUNFLOWER BAKERY INC 5951 HALPINE RD ROCKVILLE, MD 20851	26-2797556	501 C 3	25,000.				SEE PART IV, TYPE D
(11) TEMPLE B NAI SHALOM 7612 OLD OX RD FAIRFAX, VA 22039	54-1384051	501 C 3	17,500.				SEE PART IV, TYPE D
(12) TEMPLE MICAH 976 BOWEN HILL RD EAST DORSET, VT 05253	23-2409730	501 C 3	67,300.				SEE PART IV, TYPE D

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**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) TEMPLE RODEF SHALOM 2100 WESTMORELAND FALLS CHURCH, VA 22043	54-0733866	501 C 3	125,000.				SEE PART IV, TYPE D
(2) THE BIRTHRIGHT ISRAEL FOUNDATION 711 THIRD AVENUE NEW YORK, NY 10017	13-4092050	501 C 3	13,425.				SEE PART IV, TYPE D
(3) THE HABERMAN INSTITUTE FOR JEWISH STUDIES 2200 BALTIMORE RD ROCKVILLE, MD 20851	13-3174628	501 C 3	19,800.				SEE PART IV, TYPE E
(4) THE HABONIM CAMP ASSOCIATION COMPANY INC. 6101 EXECUTIVE BLVD N. BETHESDA, MD 20852	52-6054091	501 C 3	16,009.				SEE PART IV, TYPE E
(5) THE SHABBAT PROJECT INC. 79 MADISON AVE FLOOR 2 NEW YORK, NY 10016	46-4715368	501 C 3	135,000.				SEE PART IV, TYPE D
(6) TORAH SCHOOL OF GREATER WASHINGTON 2010 LINDEN LANE SILVER SPRING, MD 20910	52-1874788	501 C 3	199,543.				SEE PART IV, TYPE E
(7) UNITED SYNAGOGUE YOUTH SEABOARD REGION 2200 BALTIMORE ROAD ROCKVILLE, MD 20851	13-1659707	501 C 3	7,571.				SEE PART IV, TYPE D
(8) UNIV 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
(9) UNIV OF VIRGINIA - HILLEL JEWSIH CENTER 1824 UNIV CIR CHARLOTTESVILLE, VA 22903	54-6061871	501 C 3	25,523.				SEE PART IV, TYPE E
(10) URJ CAMP HARLAM 301 CITY AVE, # 110 BALA CYNWYD, PA 19004	23-6050581	501 C 3	18,700.				SEE PART IV, TYPE D
(11) VIRGINIA TECH - HILLEL P. O. BOX 708 BLACKSBURG, VA 24063	90-0406012	501 C 3	25,523.				SEE PART IV, TYPE E
(12) YESHIVA OF GREATER WASHINGTON 2010 LINDEN LANE SILVER SPRING, MD 20910	52-1106842	501 C 3	139,166.				SEE PART IV, TYPE E

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(1) ADAS ISRAEL CONGREGATION 2850 QUEBEC STREET, NW WASHINGTON, DC 20008	53-0196563	501 C 3	41,064.				SEE PART IV, TYPE B
(2) ADMIRALS COVE FOUNDATION 200 ADMIRALS COVE BLVD JUPITER, FL 33477	59-3786373	501 C 3	15,000.				SEE PART IV, TYPE A
(3) AISH HATORAH OF DC 11418 OLD GT RD. NORTH BETHESDA, MD 20852	94-3094990	501 C 3	17,070.				SEE PART IV, TYPE A
(4) ALEF BET MONTESSORI SCHOOL 6125 TUCKERMAN LANE BETHESDA, MD 20852	20-8512281	501 C 3	25,500.				SEE PART IV, TYPE A
(5) ALEXANDER MUSS INSTITUTE 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	59-0173782	501 C 3	15,957.				SEE PART IV, TYPE C
(6) ALZHEIMER'S DRUG DISCOVERY FOUNDATION 57 WEST 57TH STREET NEW YORK, NY 10019	20-1082179	501 C 3	22,000.				SEE PART IV, TYPE C
(7) AMERICAN FRIENDS OF HEBREW UNIV 5100 WISCONSIN AVE WASHINGTON, DC 20016	13-1568923	501 C 3	5,847.				SEE PART IV, TYPE C
(8) AMERICAN FRIENDS OF LUBAVITCH 2110 LEROY PLACE NW WASHINGTON, DC 20008	52-2193738	501 C 3	17,100.				SEE PART IV, TYPE A
(9) AMERICAN FRIENDS OF MAGEN DAVID ADOM 3300 PGA BLVD PALM BEACH GARDENS, FL 33410	13-1790719	501 C 3	42,030.				SEE PART IV, TYPE A
(10) AMERICAN FRIENDS OF SUNRISE ISRAEL 15 NEIL COURT OCEANSIDE, NY 11572	46-5555854	501 C 3	20,000.				SEE PART IV, TYPE C
(11) AMERICAN FRIENDS OF THE ISRAEL MUSEUM 545 FIFTH AVE ROOM 920 NEW YORK, NY 10017	23-7182582	501 C 3	61,263.				SEE PART IV, TYPE C
(12) AMERICAN HEART ASSOCIATION, INC 4217 PARK PLACE COURT GLEN ALLEN, VA 23060	13-5613797	501 C 3	5,350.				SEE PART IV, TYPE A

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(1) AMERICAN ISRAEL EDUCATION FOUNDATION 251 H STREET, N.W. WASHINGTON, DC 20001	52-1623781	501 C 3	80,000.				SEE PART IV, TYPE A
(2) AMERICAN JEWISH COMMITTEE 1156 15TH STREET, NW WASHINGTON, DC 20005	13-5563393	501 C 3	17,065.				SEE PART IV, TYPE B
(3) AMERICAN JEWISH WORLD SERVICE, INC 45 W. 36TH STREET, NEW YORK, NY 10018	22-2584370	501 C 3	7,750.				SEE PART IV, TYPE B
(4) AMERICAN NATIONAL RED CROSS 8550 ARLINGTON BOULEVARD FAIRFAX, VA 22031	53-0196605	501 C 3	5,200.				SEE PART IV, TYPE A
(5) AMERICAN TECHNION SOCIETY 55 E 59TH ST, 14TH FL NEW YORK, NY 10022	13-0434195	501 C 3	14,900.				SEE PART IV, TYPE A
(6) AMERICAN UNIVERSITY 4400 MASS AVENUE, NW WASHINGTON, DC 20016	52-6066696	501 C 3	13,110.				SEE PART IV, TYPE A
(7) ANTI DEFAMATION LEAGUE 1100 CONNECTICUT AVE WASHINGTON, DC 20036	13-1818723	501 C 3	202,523.				SEE PART IV, TYPE B
(8) ANTI DEFAMATION LEAGUE 605 3RD AVENUE NEW YORK, NY 10019	13-1818723	501 C 3	12,884.				SEE PART IV, TYPE A
(9) AREIVIM PHILANTHROPIC GROUP, INC 729 SEVENTH AVENUE NEW YORK, NY 10019	20-8024537	501 C 3	18,000.				SEE PART IV, TYPE A
(10) ARTISTS 4 ISRAEL 1060 S COCHRAN AVE LOS ANGELES, CA 90019	80-0415734	501 C 3	15,000.				SEE PART IV, TYPE A
(11) ASIAN PACIFIC ISLANDER DOM VIOLENCE RESOURC P.O BOX 14268 WASHINGTON, DC 20044	52-2027991	501 C 3	10,000.				SEE PART IV, TYPE C
(12) AVODAH 1875 CT AVE NW WASHINGTON, DC 20009	13-3914342	501 C 3	30,140.				SEE PART IV, TYPE B

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(1) BEND THE ARC: JEWISH PARTNERSHIP FOR JUSTIC 330 SEVENTH AVE 19TH FL NEW YORK, NY 10001	52-1332694	501 C 3	5,800.				SEE PART IV, TYPE A
(2) BENDER JCC OF GREATER WASHINGTON 6125 MONTROSE RD ROCKVILLE, MD 20852	53-0205921	501 C 3	171,906.				SEE PART IV, TYPE B
(3) BETH SHOLOM - FREDERICK 1011 NORTH MARKET ST FREDERICK, MD 21701	52-1369416	501 C 3	10,000.				SEE PART IV, TYPE A
(4) BETH SHOLOM CONGREGATION AND TALMUD TORAH 11825 SEVEN LOCKS ROAD POTOMAC, MD 20854	53-0196574	501 C 3	10,120.				SEE PART IV, TYPE A
(5) BIBLICAL ARCHAEOLOGY SOCIETY 4710 41ST STREET NW WASHINGTON, DC 20016	23-7416300	501 C 3	100,000.				SEE PART IV, TYPE A
(6) BIKUR CHOLIM OF GREATER WASHINGTON 12320 PARKLAWN DRIVE ROCKVILLE, MD 20852	52-2026976	501 C 3	56,722.				SEE PART IV, TYPE B
(7) BNAI ISRAEL CONGREGATION 6301 MONTROSE RD. ROCKVILLE, MD 20852	53-0212444	501 C 3	89,098.				SEE PART IV, TYPE A
(8) B'NEI AKIVA OF THE US AND CANADA 520 8TH AVENUE 15TH FL NEW YORK, NY 10018	13-3713762	501 C 3	11,100.				SEE PART IV, TYPE C
(9) BREAD FOR THE CITY 1525 7TH STREET NW WASHINGTON, DC 20001	52-1138207	501 C 3	16,000.				SEE PART IV, TYPE A
(10) CAMP JUDAEA 1440 SPRING STREET ATLANTA, GA 30309	58-6014651	501 C 3	19,485.				SEE PART IV, TYPE A
(11) CAMP RAMAH IN NEW ENGLAND 1206 BOSTON POST HWY NORWOOD, MA 02062	04-3035964	501 C 3	27,000.				SEE PART IV, TYPE A
(12) CAMPAIGN FOR THE FAIR SENTENCING OF YOUTH 1319 F ST NW, #303 WASHINGTON, DC 20004	27-3761788	501 C 3	10,000.				SEE PART IV, TYPE A

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Employer identification number  
53-0212445

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CAPITAL CAMPS AND RETREAT CENTER 11300 ROCKVILLE PIKE ROCKVILLE, MD 20852	52-1515202	501 C 3	77,527.				SEE PART IV, TYPE B
(2) CAPITAL JEWISH MUSEUM 1319 F ST NW, #810 WASHINGTON, DC 20004	52-6064549	501 C 3	371,496.				SEE PART IV, TYPE B
(3) CENTER FOR CREATIVE CHANGE 4115 WISCONSIN AVE NW WASHINGTON, DC 20852	31-1801544	501 C 3	30,000.				SEE PART IV, TYPE A
(4) CENTER ON BUDGET AND POLICY PRIORITIES 1275 FIRST ST NE WASHINGTON, DC 20002	52-1234565	501 C 3	6,000.				SEE PART IV, TYPE A
(5) CHABAD OF SILVER SPRING 519 LAMBERTON DR SILVER SPRING, MD 20902	46-0962853	501 C 3	26,460.				SEE PART IV, TYPE A
(6) CHABAD SHUL OF POTOMAC 11701 GAINSBOROUGH ROAD POTOMAC, MD 20854	41-2100349	501 C 3	35,960.				SEE PART IV, TYPE A
(7) CHARLES E. SMITH JEWISH DAY SCHOOL 1902 EAST JEFFERSON ST ROCKVILLE, MD 20852	52-0961920	501 C 3	160,500.				SEE PART IV, TYPE B
(8) CHARLES E. SMITH LIFE COMMUNITIES 6121 MONTROSE ROAD ROCKVILLE, MD 20852	53-0196508	501 C 3	104,189.				SEE PART IV, TYPE B
(9) CHILDREN'S HOSPITAL FOUNDATION 801 ROEDER ROAD SILVER SPRING, MD 20910	52-1640402	501 C 3	25,765.				SEE PART IV, TYPE B
(10) COMMUNITY SUPPORT SERVICES, INC 9075 COMPRINT COURT GAITHERSBURG, MD 20877	52-1902966	501 C 3	9,253.				SEE PART IV, TYPE A
(11) CONG BETH AHABAH-PARTNERS FOR SACRED PLACES 1111 W. FRANLIN STREET RICHMOND, VA 23220	54-0139980	501 C 3	100,000.				SEE PART IV, TYPE A
(12) CONGREGATION BETH EL OF MONTGOMERY COUNTY 8215 OLD GEORGETOWN ROAD BETHESDA, MD 20814	52-0698176	501 C 3	18,060.				SEE PART IV, TYPE A

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(1) CONGREGATION B'NAI TZEDEK 10621 SOUTH GLEN ROAD POTOMAC, MD 20854	52-1619672	501 C 3	15,000.				SEE PART IV, TYPE A
(2) CONGREGATION HAR SHALOM 11510 FALLS ROAD POTOMAC, MD 20854	52-0824914	501 C 3	16,274.				SEE PART IV, TYPE A
(3) CONGREGATION JEWISH LEARNING EXPERIENCE 69-13 172 STREET FLUSHING, NY 11365	22-2407101	501 C 3	16,000.				SEE PART IV, TYPE A
(4) CRITTENTON SERVICES OF GREATER WASHINGTON 815 SILVER SPRING, SILVER SPRING, MD 20910	53-0196511	501 C 3	14,000.				SEE PART IV, TYPE C
(5) DIPLOMACY CENTER FOUNDATION 1990 K STREET NW # 315 WASHINGTON, DC 20006	51-0398806	501 C 3	10,000.				SEE PART IV, TYPE A
(6) EDLAVITCH DC JCC 1529 16TH STREET NW WASHINGTON, DC 20036	52-1398151	501 C 3	387,053.				SEE PART IV, TYPE B
(7) EMMA'S TORCH 257 15TH STREET, #404 BROOKLYN, NY 11215	81-3651292	501 C 3	56,900.				SEE PART IV, TYPE A
(8) ENDOWMENT FOR MIDDLE EAST TRUTH 1146 19TH ST. NW WASHINGTON, DC 20036	20-4329740	501 C 3	28,820.				SEE PART IV, TYPE A
(9) ESHEL 125 MAIDEN LANE NEW YORK NEW YORK, NY 10038	46-0539206	501 C 3	20,500.				SEE PART IV, TYPE A
(10) ESPERANZA EDUCATION FUND 9039 SLIGO CREEK RD SILVER SPRING, MD 20901	26-4035461	501 C 3	15,000.				SEE PART IV, TYPE A
(11) FIRST SHIFT JUSTICE PROJECT 1231 GOOD HOPE ROAD SE WASHINGTON, DC 20020	46-5477121	501 C 3	10,000.				SEE PART IV, TYPE C
(12) FOLGER SHAKESPEARE LIBRARY 201 E. CAPITOL ST SE WASHINGTON, DC 20003	52-1405988	501 C 3	200,000.				SEE PART IV, TYPE A

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(1) FRIENDS OF THE ARAVA INSTITUTE 1320 CENTRE ST NEWTON CENTER, MA 02459	11-3485736	501 C 3	8,000.				SEE PART IV, TYPE A
(2) FRIENDS OF THE DANIEL CTR FOR PROG JUDAISM 4108 LELAND STREET CHEVY CHASE, MD 20815	13-3695770	501 C 3	7,500.				SEE PART IV, TYPE C
(3) FRIENDS OF THE ISRAELI DEFENSE FORCES 60 E 42ND ST #1820 NEW YORK, NY 10165	13-3156445	501 C 3	5,500.				SEE PART IV, TYPE A
(4) FRIENDS OF THE ISRAELI DEFENSE FORCES 6010 EXECUTIVE BLVD NORTH BETHEDA, MD 20852	13-3156445	501 C 3	5,985.				SEE PART IV, TYPE A
(5) FRIENDSHIP CIRCLE INC 11621 SEVEN LOCKS RD POTOMAC, MD 20854	26-0817688	501 C 3	8,700.				SEE PART IV, TYPE A
(6) GATHERDC 1817 M STREET NW WASHINGTON, DC 20036	81-2318776	501 C 3	36,800.				SEE PART IV, TYPE B
(7) GEORGE WASHINGTON UNIV-HILLEL-GEWIRZ CTR 2300 H STREET, NW WASHINGTON, DC 20037	52-0749507	501 C 3	12,083.				SEE PART IV, TYPE B
(8) GEORGETOWN DAY SCHOOL 4530 MACARTHUR BLVD NW WASHINGTON, DC 20007	53-0204701	501 C 3	12,000.				SEE PART IV, TYPE A
(9) GESHER SCHOOL INC. 4800 MATTIE MOORE COURT FAIRFAX, VA 22030	54-1201968	501 C 3	51,555.				SEE PART IV, TYPE B
(10) GLOBALGIVING 1110 VERMONT AVE NW WASHINGTON, DC 20005	30-0108263	501 C 3	10,000.				SEE PART IV, TYPE A
(11) GREATER WASHINGTON COMMUNITY KOLLEL 10900 LOCKWOOD DR SILVER SPRING, MD 20901	26-2294078	501 C 3	26,380.				SEE PART IV, TYPE A
(12) HABONIM DROR CAMP MOSHAVA 6101 EXECUTIVE BLVD N. BETHESDA, MD 20852	52-6054091	501 C 3	10,500.				SEE PART IV, TYPE C

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HADASSAH 11900 PARKLAWN DRIVE ROCKVILLE, MD 20852	83-3782699	501 C 3	8,000.				SEE PART IV, TYPE A
(2) HADASSAH THE WOMEN ZIONIST ORG OF AMERICA 40 WALL ST 8TH FL NEW YORK, NY 10005	13-1656651	501 C 3	55,246.				SEE PART IV, TYPE B
(3) HAZON, INC 125 MAIDEN LANE NEW YORK, NY 10038	13-1623922	501 C 3	6,800.				SEE PART IV, TYPE A
(4) HEBREW IMMIGRANT AID SOCIETY 411 FIFTH AVE, #1006 NEW YORK, NY 10016	13-5633307	501 C 3	36,883.				SEE PART IV, TYPE B
(5) HOPE FOR HENRY FOUNDATION 2440 WISCONSIN AVE NW WASHINGTON, DC 20007	20-0244173	501 C 3	45,935.				SEE PART IV, TYPE A
(6) HOUSING UNLIMITED, INC 12125 VEIRS MILL RD SILVER SPRING, MD 20906	52-1760774	501 C 3	6,000.				SEE PART IV, TYPE A
(7) J STREET EDUCATION FUND 1828 L STREET NW #240 WASHINGTON, DC 20036	20-2777557	501 C 3	5,650.				SEE PART IV, TYPE B
(8) JEWISH AGENCY FOR ISRAEL 633 3RD AVENUE, 21ST FL NEW YORK, NY 10017	23-0053483	501 C 3	5,720.				SEE PART IV, TYPE C
(9) JEWISH COALITION AGAINST DOMESTIC ABUSE P.O. BOX 2266 ROCKVILLE, MD 20847	52-2259318	501 C 3	20,280.				SEE PART IV, TYPE A
(10) JCC OF NORTHERN VIRGINIA 8900 LITTLE RIVER TPK. FAIRFAX, VA 22031	54-1145849	501 C 3	45,800.				SEE PART IV, TYPE B
(11) JEWISH COMMUNITY RELATIONS COUNCIL 6101 EXECUTIVE BLVD ROCKVILLE, MD 20852	52-0214465	501 C 3	169,111.				SEE PART IV, TYPE B
(12) JEWISH COUNCIL FOR THE AGING OF GREATER WA, 12320 PARKLAWN DRIVE ROCKVILLE, MD 20852	52-0983740	501 C 3	85,475.				SEE PART IV, TYPE B

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(1) JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY #1700 NEW YORK, NY 10004	13-1624240	501 C 3	710,221.				SEE PART IV, TYPE B
(2) JEWISH FOUNDATION FOR GROUP HOMES 1500 E JEFFERSON ST ROCKVILLE, MD 20852	52-1263608	501 C 3	134,282.				SEE PART IV, TYPE B
(3) JEWISH FUNDERS NETWORK 150 WEST 30TH ST # 900 NEW YORK, NY 10001	23-2742482	501 C 3	6,700.				SEE PART IV, TYPE A
(4) JEWISH INSTITUTE FOR NAT'L SECURITY AFFAIRS 1101 14TH ST NW # 1110 WASHINGTON, DC 20005	52-1233683	501 C 3	10,000.				SEE PART IV, TYPE A
(5) JEWISH MILLENIAL ENGAGEMENT PROJECT 8215 OLD GEORGETOWN RD BETHESDA, MD 20814	81-2724200	501 C 3	41,000.				SEE PART IV, TYPE B
(6) JEWISH ROCKVILLE OUTREACH CONGREGATION 11304 OLD GEORGETOWN RD ROCKVILLE, MD 20852	20-4960168	501 C 3	118,500.				SEE PART IV, TYPE A
(7) JEWISH SOCIAL SERVICE AGENCY 6123 MONTROSE RD ROCKVILLE, MD 20852	53-0196598	501 C 3	377,748.				SEE PART IV, TYPE B
(8) JEWISH THEOLOGICAL SEMINARY 3080 BROADWAY NEW YORK, NY 10027	13-0887640	501 C 3	7,698.				SEE PART IV, TYPE C
(9) JEWISH WOMEN INTERNATIONAL 1129 20TH STT NW #801 WASHINGTON, DC 20036	52-6040461	501 C 3	5,400.				SEE PART IV, TYPE A
(10) JEWISH WOMEN'S RENAISSANCE PROJECT 6101 EXECUTIVE BLVD N. BETHESDA, MD 20852	38-3852989	501 C 3	46,550.				SEE PART IV, TYPE A
(11) JEWISHCOLORADO 300 S. DAHLIA STREET DENVER, CO 80246	01-0831698	501 C 3	15,000.				SEE PART IV, TYPE A
(12) JEWS UNITED FOR JUSTICE, INC. 1100 H ST NW, #630 WASHINGTON, DC 20005	52-2346578	501 C 3	27,330.				SEE PART IV, TYPE B

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(1) JOHNS HOPKINS UNIVERSITY 615 N WOLFE ST E2132 BALTIMORE, MD 21205	52-0595110	501 C 3	13,000.				SEE PART IV, TYPE A
(2) KEMP MILL SYNAGOGUE 11910 KEMP MILL RD SILVER SPRING, MD 20902	52-1664121	501 C 3	18,015.				SEE PART IV, TYPE A
(3) KENYON COLLEGE 103 CHASE AVENUE GAMBIER, OH 43022	31-4379507	501 C 3	101,000.				SEE PART IV, TYPE A
(4) KEREN HACHESED OF GREATER WASHINGTON 10711 HUNTWOOD DR SILVER SPRING, MD 20901	27-0373818	501 C 3	7,830.				SEE PART IV, TYPE A
(5) KESHER ISRAEL CONGREGATION 2801 N ST., NW WASHINGTON, DC 20007	52-1316406	501 C 3	13,400.				SEE PART IV, TYPE A
(6) KESHET 284 AMORY STREET JAMAICA PLAIN, MA 02130	48-1278664	501 C 3	7,500.				SEE PART IV, TYPE A
(7) KIDS4PEACE INTERNATIONAL, INC 1750 PENN AVE NW WASHINGTON, DC 20038	20-5419759	501 C 3	10,000.				SEE PART IV, TYPE A
(8) KOL SHALOM 9110 DARNESTOWN ROAD ROCKVILLE, MD 20850	52-2349761	501 C 3	13,860.				SEE PART IV, TYPE A
(9) KOLLEL VILNA 3299 K ST NW #700 WASHINGTON, DC 20007	30-6059369	501 C 3	6,000.				SEE PART IV, TYPE A
(10) KULANU YACHAD 39 BELLOWOOD PLACE ELIZABETH, NJ 07208	22-2927623	501 C 3	7,000.				SEE PART IV, TYPE A
(11) LAMBDA LEGAL DEFENSE AND EDUCATION FUND 120 WALL ST 19TH FL NEW YORK, NY 10005	23-7395681	501 C 3	10,500.				SEE PART IV, TYPE A
(12) LYNN UNIVERSITY 3601 NORTH MILITARY BOCA RATON, FL 33431	59-1023117	501 C 3	17,500.				SEE PART IV, TYPE A

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<b>(1)</b> MANY HANDS 3319 NEWARK ST NW WASHINGTON, DC 20008	51-0486987	501 C 3	6,000.				SEE PART IV, TYPE A
<b>(2)</b> MCV FOUNDATION 1228 E. BROAD STREET RICHMOND, VA 23298	54-6053660	501 C 3	250,300.				SEE PART IV, TYPE A
<b>(3)</b> MELVIN J. BERMAN HEBREW ACADEMY 13300 ARCTIC AVENUE ROCKVILLE, MD 20853	53-0208371	501 C 3	41,287.				SEE PART IV, TYPE B
<b>(4)</b> MESORAH INC 10612 WOODSDALE DR SILVER SPRING, MD 20901	13-4251165	501 C 3	33,000.				SEE PART IV, TYPE A
<b>(5)</b> MILTON GOTTESMAN JEWISH DAY SCHOOL 6045 16TH STREET NW WASHINGTON, DC 20011	52-2115715	501 C 3	25,000.				SEE PART IV, TYPE A
<b>(6)</b> MIRIAM'S KITCHEN 2401 VIRGINIA AVE NW WASHINGTON, DC 20037	52-1331552	501 C 3	9,000.				SEE PART IV, TYPE A
<b>(7)</b> MOISHE HOUSE 5802 MONROE ROAD CHARLOTTE, NC 28212	26-2599786	501 C 3	6,800.				SEE PART IV, TYPE A
<b>(8)</b> MOSAIC THEATRE COMPANY 1333 H ST NE WASHINGTON, DC 20002	47-2641919	501 C 3	15,100.				SEE PART IV, TYPE A
<b>(9)</b> MOTHER EARTH PROJECT 4819 DORSET AVE CHEVY CHASE, MD 20815	82-4484785	501 C 3	22,500.				SEE PART IV, TYPE B
<b>(10)</b> NATIONAL GALLERY OF ART 2000B SOUTH CLUB LANDOVER, MD 20785	53-6001666	501 C 3	6,030.				SEE PART IV, TYPE B
<b>(11)</b> NATIONAL PHILHARMONIC 5301 TUCKERMAN LN NORTH BETHESDA, MD 20852	52-1361650	501 C 3	6,000.				SEE PART IV, TYPE A
<b>(12)</b> NCSY ATLANTIC SEABOARD 4001 CLARKS LANE BALTIMORE, MD 21215	13-5623717	501 C 3	100,280.				SEE PART IV, TYPE C

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

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Schedule I (Form 990) (2018)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Employer identification number  
53-0212445

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> NCSY SUMMER PROGRAMS 11 BROADWAY 13TH FLOOR NEW YORK, NY 10004	13-5623717	501 C 3	29,350.				SEE PART IV, TYPE B
<b>(2)</b> NEW ISRAEL FUND 235 MONTGOMERY ST SAN FRANCISCO, CA 10016	94-2607722	501 C 3	70,000.				SEE PART IV, TYPE A
<b>(3)</b> NEW ISRAEL FUND 6 E. 39TH ST. #301 NEW YORK, NY 10016	94-2607722	501 C 3	38,160.				SEE PART IV, TYPE B
<b>(4)</b> NEW YORK UNIVERSITY SCHOOL OF LAW 22 WASHINGTON SQ R NEW YORK, NY 10011	13-6161036	501 C 3	6,000.				SEE PART IV, TYPE A
<b>(5)</b> NOVA UKRAINE 125 UNIV. AVE #230 PALO ALTO, CA 94301	46-5335435	501 C 3	7,000.				SEE PART IV, TYPE A
<b>(6)</b> OHAVAY ZION CONGREGATION 2048 EDGEWATER COURT LEXINGTON, KY 40502	61-0649672	501 C 3	20,000.				SEE PART IV, TYPE A
<b>(7)</b> OHR KODESH CONGREGATION 8300 MEADOWBROOK DR CHEVY CHASE, MD 20815	52-0613672	501 C 3	15,464.				SEE PART IV, TYPE A
<b>(8)</b> ORT AMERICA, INC 75 MAIDEN LANE 10TH FL NEW YORK, NY 10038	13-5562424	501 C 3	51,401.				SEE PART IV, TYPE C
<b>(9)</b> P.E.F. ISRAEL ENDOWMENT FUNDS INC. 630 THIRD AVENUE, # 1501 NEW YORK, NY 10017	13-6104086	501 C 3	94,709.				SEE PART IV, TYPE B
<b>(10)</b> PAN MASSACHUSETTS CHALLENGE TRUST 77 FOURTH AVENUE NEEDHAM, MA 02494	04-2746912	501 C 3	8,600.				SEE PART IV, TYPE A
<b>(11)</b> PEACEPLAYERS INTERNATIONAL 1200 NH AVE NW WASHINGTON, DC 20036	52-2272092	501 C 3	25,000.				SEE PART IV, TYPE A
<b>(12)</b> PLANNED PARENTHOOD FED OF AMERICA, INC. 123 WILLIAM ST 10TH FL NEW YORK, NY 10038	13-1644147	501 C 3	6,850.				SEE PART IV, TYPE A

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) POZEZ JCC OF NORTHERN VIRGINIA 8900 LITTLE RIVER TPK. FAIRFAX, VA 22031	54-1145849	501 C 3	2,632,236.				SEE PART IV, TYPE B
(2) PRO MUSICA HEBRAICA 1225 19TH ST NW #700 WASHINGTON, DC 20036	20-0201189	501 C 3	17,000.				SEE PART IV, TYPE A
(3) PROJECT INTERCHANGE 1156 15TH ST NW #1201 WASHINGTON, DC 20005	52-1576358	501 C 3	6,515.				SEE PART IV, TYPE B
(4) PROJECT KESHER 729 SEVENTH AVE 9TH FL NEW YORK, NY 10019	36-3673594	501 C 3	10,540.				SEE PART IV, TYPE B
(5) RAMAH PROGRAMS IN ISRAEL 3080 BROADWAY NEW YORK, NY 10027	13-6161110	501 C 3	7,850.				SEE PART IV, TYPE C
(6) RAYMOND F. KRAVIS CENTER FOR THE PERFORMING 701 OKEECHOBEE BVD W. PALM BEACH, FL 33401	59-2245054	501 C 3	30,100.				SEE PART IV, TYPE A
(7) REFUGEE & IMMIGRANT FOR EDU & LEGAL SERVICE 1305 N FLORES STREET SAN ANTONIO, TX 78212	74-2436920	501 C 3	7,000.				SEE PART IV, TYPE A
(8) ROUND HOUSE THEATRE, INC 7501 WISCONSIN AVENUE BETHESDA, MD 20814	52-1289737	501 C 3	68,811.				SEE PART IV, TYPE B
(9) ROUTES TO ROOTS FOUNDATION 73 HARBOR KEY SECAUCUS, NJ 07094	13-3787002	501 C 3	15,000.				SEE PART IV, TYPE A
(10) SAVE A CHILD'S HEART FOUNDATION, US INC 10050 CHAPEL ROAD POTOMAC, MD 20854	52-1783323	501 C 3	14,185.				SEE PART IV, TYPE B
(11) SHADY GROVE MEDICAL CENTER FOUNDATION 14955 SHADY GROVE RD ROCKVILLE, MD 20850	52-1216429	501 C 3	8,000.				SEE PART IV, TYPE A
(12) SHORESH 3723 OLD COURT RD BALTIMORE, MD 21208	52-1664097	501 C 3	12,000.				SEE PART IV, TYPE A

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

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Schedule I (Form 990) (2018)

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SIBLEY MEMORIAL HOSPITAL FOUNDATION 5255 LOUGHBORO ROAD WASHINGTON, DC 20016	45-0562642	501 C 3	304,800.				SEE PART IV, TYPE A
(2) SISTERHOOD OF SALAAM SHALOM 941 CURTIS PLACE NORTH BRUNSWICK, NJ 08902	46-4185618	501 C 3	15,000.				SEE PART IV, TYPE C
(3) SIXTH AND I SYNAGOGUE, INC. 600 I STREET NW WASHINGTON, DC 20001	33-1036146	501 C 3	12,460.				SEE PART IV, TYPE B
(4) SMITHSONIAN INST FOR THE NAT'L PORTRAIT GAL 750 NINTH ST NW #410 WASHINGTON, DC 20001	53-0206027	501 C 3	15,000.				SEE PART IV, TYPE A
(5) SO WHAT ELSE ONE PRESERVE PKWY #150 ROCKVILLE, MD 20852	27-1219231	501 C 3	72,400.				SEE PART IV, TYPE A
(6) SOUTHERN POVERTY LAW CENTER, INC 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501 C 3	5,300.				SEE PART IV, TYPE B
(7) ST. ANN ROMAN CATHOLIC CHURCH 4001 YUMA ST NW WASHINGTON, DC 20016	53-0210797	501 C 3	20,000.				SEE PART IV, TYPE A
(8) SULAM, INC 13300 ARTIC AVENUE ROCKVILLE, MD 20853	52-2105076	501 C 3	74,030.				SEE PART IV, TYPE B
(9) SUNFLOWER BAKERY 8507 ZIGGY LANE GAITHERSBURG, MD 20877	26-2797556	501 C 3	53,180.				SEE PART IV, TYPE A
(10) TAHIRIH JUSTICE CENTER 6402 ARLINGTON BLVD FALLS CHURCH, VA 22042	54-1858176	501 C 3	10,000.				SEE PART IV, TYPE C
(11) TEMPLE B'NAI ABRAHAM 300 E. NORTHFIELD RD LIVINGSTON, NJ 07039	22-1515224	501 C 3	5,500.				SEE PART IV, TYPE A
(12) TEMPLE SINAI 3100 MILITARY ROAD NW WASHINGTON, DC 20015	53-0231513	501 C 3	76,837.				SEE PART IV, TYPE B

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

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TEXAS HILLEL ENDOWMENT FOUNDATION 2105 SAN ANTONIO ST AUSTIN, TX 78705	90-0708097	501 C 3	7,500.				SEE PART IV, TYPE A
(2) THE AMERICAN JEWISH JOINT DISTRIB COMMITTEE 711 3RD AVENUE, TENTH FL NEW YORK, NY 10017	13-1656634	501 C 3	291,899.				SEE PART IV, TYPE B
(3) THE ASPEN INSTITUTE 2300 N ST NW # 700 WASHINGTON, DC 20037	84-0399006	501 C 3	32,500.				SEE PART IV, TYPE A
(4) THE BACKSTORYGROUP 10319 WESTLAKE DR #358 BETHESDA, MD 20817	47-2450123	501 C 3	10,000.				SEE PART IV, TYPE A
(5) THE BULLIS SCHOOL 10601 FALLS ROAD POTOMAC, MD 20854	52-0635080	501 C 3	5,500.				SEE PART IV, TYPE A
(6) THE GOOD PEOPLE FUND 384 WYOMING AVENUE MILLBURN, NJ 07041	26-1887249	501 C 3	25,000.				SEE PART IV, TYPE A
(7) THE HUMAN TRAFFICKING LEGAL CENTER 1030 15TH ST NW #104B WASHINGTON, DC 20005	46-1349584	501 C 3	12,000.				SEE PART IV, TYPE C
(8) THE JERUSALEM FUND 313 W. 83RD STREET NEW YORK, NY 10024	20-0092051	501 C 3	16,500.				SEE PART IV, TYPE A
(9) THE JEWISH NATIONAL FUND 78 RANDALL AVE ROCKVILLE CENTER, NY 11570	13-1659627	501 C 3	17,804.				SEE PART IV, TYPE B
(10) THE JOHN F. KENNEDY CTR FOR THE PERFORMING 2700 F ST NW WASHINGTON, DC 20566	53-0245017	501 C 3	88,515.				SEE PART IV, TYPE B
(11) THE LEE COUNTY JEWISH FEDERATION, INC 9701 COMMERCE CENTER FORT MYERS, FL 33908	59-2668992	501 C 3	20,000.				SEE PART IV, TYPE A
(12) THE MICHAEL J. FOX FOUNDATION 111 W 33RD ST 10 FL NEW YORK, NY 10001	13-4141945	501 C 3	11,268.				SEE PART IV, TYPE A

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE RESOURCE FOUNDATION 237 WEST 35TH ST NEW YORK, NY 10001	13-3421446	501 C 3	12,000.				SEE PART IV, TYPE A
(2) THE STRATHMORE HALL FOUNDATION 5301 TUCKERMAN LN N. BETHESDA, MD 20852	52-1233092	501 C 3	5,100.				SEE PART IV, TYPE A
(3) TORAH SCHOOL OF GREATER WASHINGTON 2010 LINDEN LANE SILVER SPRING, MD 20910	52-1874788	501 C 3	21,700.				SEE PART IV, TYPE A
(4) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 636 FRANKLIN BLDG PHILADELPHIA, PA 19104	23-1352685	501 C 3	19,076.				SEE PART IV, TYPE B
(5) TRUSTEES OF TUFTS COLLEGE 80 GEORGE ST., # 331 MEDFORD, MA 02155	04-2103634	501 C 3	16,000.				SEE PART IV, TYPE A
(6) TRUTH TO POWER FOUNDATION 235 MONTGOMERY ST SAN FRANCISCO, CA 94104	82-5427550	501 C 3	50,000.				SEE PART IV, TYPE A
(7) TUFTS MEDICAL CENTER 800 WASHINGTON ST BOX 231 BOSTON, MA 02111	04-3400617	501 C 3	10,000.				SEE PART IV, TYPE A
(8) UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501 C 3	5,118.				SEE PART IV, TYPE A
(9) UNION FOR REFORM JUDAISM 46 BOWEN ROAD WARWICK, NY 10990	13-1663143	501 C 3	15,000.				SEE PART IV, TYPE C
(10) UNITED STATES HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG SW WASHGTON, DC 20024	52-1309391	501 C 3	101,240.				SEE PART IV, TYPE A
(11) UNIV OF MARYLAND COLLEGE PARK FOUNDATION 0143 TALOAFERRO HALL COLLEGE PARK, MD 20742	52-2197313	501 C 3	25,250.				SEE PART IV, TYPE B
(12) UNIVERSITY OF MARYLAND HILLEL 7612 MOWATT LANE COLLEGE PARK, MD 20740	52-0749507	501 C 3	95,984.				SEE PART IV, TYPE B

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VERMONT COMMUNITY FOUNDATION 3 COURT ST MIDDLEBURY, VT 05753	22-2712160	501 C 3	25,000.				SEE PART IV, TYPE A
(2) WASHINGTON HEBREW CONGREGATION 3935 MACOMB STREET NW WASHINGTON, DC 20016	53-0196646	501 C 3	32,140.				SEE PART IV, TYPE A
(3) WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1111 19TH ST STE 500 WASHINGTON, DC 20036	52-1376034	501 C 3	20,500.				SEE PART IV, TYPE A
(4) WASHINGTON PERFORMING ARTS SOCIETY 1400 K ST NW SUITE 500 WASHINGTON, DC 20005	52-6062439	501 C 3	5,151.				SEE PART IV, TYPE C
(5) WELLESLEY COLLEGE 106 CENTRAL ST WELLESLEY, MA 02481	04-2103637	501 C 3	170,000.				SEE PART IV, TYPE A
(6) WETA 3939 CAMPBELL AVENUE ARLINGTON, VA 22206	53-0242992	501 C 3	5,285.				SEE PART IV, TYPE B
(7) WILLIAM J BRENNAN JR CENTER FOR JUSTICE INC 120 BROADWAY # 1750 NEW YORK, NY 10271	13-3839293	501 C 3	35,000.				SEE PART IV, TYPE A
(8) WIRED INTERNATIONAL 1128 CEDAR STREET MONTARA, CA 94037	94-3360077	501 C 3	10,000.				SEE PART IV, TYPE A
(9) WOMEN FOR WOMEN INTERNATIONAL 2000 M ST NW #200 WASHINGTON, DC 20036	52-1838756	501 C 3	10,000.				SEE PART IV, TYPE A
(10) WOODROW WILSON INT'L CENTER FOR SCHOLARS 1300 PENN AVE NW WASHINGTON, DC 20004	52-1067541	501 C 3	50,000.				SEE PART IV, TYPE A
(11) WORLD BICYCLE RELIEF 1000 W FULTON MARKET CHICAGO, IL 60607	20-5080679	501 C 3	7,500.				SEE PART IV, TYPE A
(12) WORLD UNION FOR PROGRESSIVE JUDAISM 633 THIRD AVENUE NEW YORK CITY, NY 10017	13-1930176	501 C 3	15,000.				SEE PART IV, TYPE A

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YAD YEHUDA OF GREATER WASHINGTON 812 HYDE COURT SILVER SPRING, MD 20902	22-3949731	501 C 3	5,500.				SEE PART IV, TYPE A
(2) YESHIVA OF GREATER WASHINGTON 2010 LINDEN LANE SILVER SPRING, MD 20910	52-1106842	501 C 3	51,000.				SEE PART IV, TYPE A
(3) YOUNG ISRAEL SHOMREI EMUNAH 1132 ARCOLA AVENUE SILVER SPRING, MD 20902	91-1902511	501 C 3	5,058.				SEE PART IV, TYPE A
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 255.

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

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Schedule I (Form 990) (2018)

**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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2:

THE JEWISH FEDERATION OF GREATER WASHINGTON PROVIDED GRANT FUNDING TO AGENCIYS 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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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

SCHEDULE I, PART II, COLUMN H

PURPOSE OF GRANT OR ASSISTANCE:

TYPE DESCRIPTION

A - UJEF GRANTS FROM DAF

B - UJEF GRANTS FROM DAF AND ENDOWMENTS

C - UJEF GRANTS FROM ENDOWMENTS

D - JFGW - COMMUNAL SUPPORT

E - JFGW - JEWISH EDUCATION SUPPORT

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

Employer identification number 53-0212445

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEVEN A. RAKITT FORMER EXEC. VP & CEO	(i)	0.	0.	462,956.	0.	0.	462,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 GIL PREUSS EXECUTIVE VICE PRESIDENT & CEO	(i)	387,000.	0.	99,461.	0.	0.	486,461.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 EILEEN FRAZIER CHIEF OPERATING OFFICER	(i)	238,500.	40.	4,078.	11,974.	0.	254,592.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ZACHARY BRITON DIRECTOR ANNUAL CAMPAIGN	(i)	176,250.	5,040.	1,061.	9,104.	0.	191,455.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 STACYE N. ZEISLER CHIEF MARKETING OFFICER	(i)	155,850.	0.	1,137.	7,828.	0.	164,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ISABELLA YUSIMOVA CHIEF FINANCIAL OFFICER	(i)	135,400.	3,540.	3,848.	6,978.	7,133.	156,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

---

**Part III Supplemental Information**

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 \$462,956 IN ACCORDANCE WITH THE FEDERATION'S  
CONTRACTUAL OBLIGATION AT TERMS CONSISTENT WITH INDUSTRY STANDARDS.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

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

**2018**

▶ **Attach to Form 990.**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.** Employer identification number **53-0212445**

**Part I Bond Issues**

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

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .								
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	8,600,228.							
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .	116,668.							
<b>7</b> Issuance costs from proceeds . . . . .								
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .	8,471,021.							
<b>11</b> Other spent proceeds . . . . .	12,539.							
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .	2014							
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X						
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X						
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

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

Schedule K (Form 990) 2018

**Part III Private Business Use** COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTH

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

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet? . . . . .								
b Exception to rebate? . . . . .								
c No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3 Is the bond issue a variable rate issue? . . . . .	X							

**Part IV Arbitrage (Continued)**

Table with columns A (Yes/No), B (Yes/No), C (Yes/No), and D (Yes/No). Rows include questions about hedge qualifications, provider names (PNC BANK, N.A.), terms (15.100), and superintegration/termination status.

**Part V Procedures To Undertake Corrective Action**

Table with columns A (Yes/No), B (Yes/No), C (Yes/No), and D (Yes/No). Row includes question about written procedures to ensure timely identification and correction of federal tax requirements.

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

Series of horizontal lines provided for entering supplemental information.

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

PART I:

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

(F) DESCRIPTION OF PURPOSE - ACQUIRE, CONSTRUCT, RENOVATE, EQUIP AND  
FURNISH AN OFFICE BUILDING

PART IV, LINE 3:

INCLUDES INVESTMENT EARNINGS ON THE BONDS DURING THE CONSTRUCTION OF THE  
PROJECT IN THE AMOUNT OF \$228.00.

PART IV, LINE 6:

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



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

Employer identification number  
**53-0212445**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	208.	4,868,080.	FMV
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶( _____ )				
26 Other ▶( _____ )				
27 Other ▶( _____ )				
28 Other ▶( _____ )				

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

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

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

Schedule M (Form 990) 2018

**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)**

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

OMB No. 1545-0047

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

**2018**

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Employer identification number  
53-0212445

FORM 990, PART VI, SECTION A, LINE 2

PAUL BERGER/MERYL ROSENBERG - FAMILY RELATIONSHIP, SCOTT BROWN - DAUGHTER  
WORKS AT NOVA JSSA AND SON-IN-LAW WORKS AT JCCNV, DANIEL CONSTON/MORGAN  
GENDERSON - FAMILY RELATIONSHIP, EVA MALKA DAVIS/RON KABRAN - FAMILY  
RELATIONSHIP, JEFF DISTENFELD/YVONNE DISTENFELD - FAMILY RELATIONSHIP,  
PETER FEDEROWICZ/MARK LEVITT - FAMILY AND WORK RELATIONSHIP, PETER  
FEDEROWICZ/JOHANNA CHANIN - FAMILY RELATIONSHIP, SUSAN AND MICHAEL  
GELMAN-FAMILY RELATIONSHIP, SAMUEL KAPLAN/LESLIE KAPLAN FAMILY  
RELATIONSHIP, SHERRY KASAWELL/STUART KASWELL - FAMILY RELATIONSHIP,  
RICHARD ZITELMAN/CINDY ZITELMAN - FAMILY RELATIONSHIP.

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,

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

CFO, COO, AND CEO. IN ADDITION, THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FULLY REVIEWS THE FORM 990 BEFORE FILING, AS WELL AS LEGAL COUNSEL.

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

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

MONITORING AND ENFORCING COMPLIANCE:

DIRECTORS, OFFICERS, CHAIRS AND MEMBERS OF A FEDERATION GOVERNING BODY ARE REQUIRED TO PROVIDE AN INITIAL AND, THEREAFTER, ANNUAL STATEMENT, REGARDING WHETHER THEY OR THEIR FAMILY MEMBERS HAVE ENGAGED IN, ARE ENGAGING OR EXPECT TO ENGAGE IN A TRANSACTION THAT WOULD CONSTITUTE A CONFLICT OF INTEREST. THEY ARE UNDER A CONTINUING OBLIGATION TO DISCLOSE

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

PROMPTLY ANY POTENTIAL OR ACTUAL CONFLICT OF INTEREST IN WRITING OR, IF PRECLUDED DUE TO THE LACK OF TIME, ORALLY, TO THE AUDIT COMMITTEE.

IF THE AUDIT COMMITTEE DETERMINES THAT ANY DIRECTOR, OFFICER, CHAIR OR MEMBER OF A FEDERATION GOVERNING BODY FAILS TO COMPLY WITH THE POLICY, INCLUDING FAILURE TO TIMELY SUBMIT THE STATEMENTS REQUIRED, IT IS THE RESPONSIBILITY OF THE PRESIDENT AND TREASURER IN CONSULTATION WITH THE AUDIT COMMITTEE TO TAKE SUCH FURTHER ACTION AS MAY BE APPROPRIATE, WHICH MAY INCLUDE RECOMMENDATION TO THE BOARD THAT SUCH PERSON BE REMOVED FROM OFFICE.

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

FEDERATION HAS 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,

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

AND ARE MAILED UPON REQUEST.

FORM 990, PART XI, LINE 9:

OTHER CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST	\$ 657,874
PENSION RELATED CHANGES	-862,549
UNREALIZED LOSS ON SWAPS	-583,267
DEFINED BENEFIT PLAN NET PERIODIC PENSION COSTS	-139,805
OTHER	-154,262
TOTAL OTHER CHANGES IN NET ASSETS	\$ -1,082,009

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

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

Employer identification number  
53-0212445

ATTACHMENT 2 (CONT'D)

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

ENSURING A FEELING OF INCLUSION FOR OUR COMMUNITY MEMBERS;  
PROVIDING SENIORS, HOLOCAUST SURVIVORS, IMPOVERISHED FAMILIES, AND  
THOSE WITH SPECIAL NEEDS WITH THE SERVICES THEY REQUIRE TO LIVE  
COMFORTABLY AND WITH DIGNITY; AND RESPONDING SWIFTLY TO CRISES AT  
HOME AND AROUND THE WORLD ARE FOUNDATIONAL FEDERATION PRIORITIES.  
AT OUR CORE, WE WILL ALWAYS BE COMMITTED TO CARING FOR OUR WHOLE  
COMMUNITY. FEDERATION IS HERE TO CONNECT AND EMPOWER OUR PEOPLE,  
ENSURING A MORE VIBRANT JEWISH FUTURE FOR US ALL.

ALLOCATION TO BENEFICIARY AGENCIES: THE JEWISH FEDERATION OF  
GREATER WASHINGTON IS THE LARGEST SINGLE DONOR TO 35 LOCAL  
AGENCIES THROUGHOUT DC, MD, AND NORTHERN VA, 14 NATIONAL  
ORGANIZATIONS, 4 OVERSEAS PARTNERS (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.

Name of the organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	Employer identification number 53-0212445
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ATTACHMENT 2 (CONT'D)

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 3FORM 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



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

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 INDEPENDENCE RESOURCE FAIR OFFERS FAMILIES OF YOUNG ADULTS WITH DISABILITIES ACCESS TO PROFESSIONAL, EDUCATIONAL, SOCIAL, RECREATIONAL, AND FINANCIAL OPPORTUNITIES IN OUR COMMUNITY. JEWISH GREATER WASHINGTON IS COMPOSED OF NUMEROUS INDIVIDUALS WITH DISTINCT PERSPECTIVES AND INTERESTS. BY CONNECTING DIFFERENT GROUPS, FEDERATION CAN STRENGTHEN THE BONDS THAT HOLD OUR COMMUNITY TOGETHER. WITH A STRONG, INTERWOVEN FOUNDATION OF SUPPORT, FEDERATION WILL LEAD OUR CONTINUED GROWTH AND MOVE US FORWARD AS ONE COHESIVE COMMUNITY.

ATTACHMENT 4

Name of the organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	Employer identification number 53-0212445
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ATTACHMENT 4 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ONLINE COMPUTERS AND COMMUNICATIONS, LLC PO BOX 428 FLORHAM PARK, NJ 07932	IT SERVICES	424,733.
SECURITAS SECURITY SERVICES USA, INC. 4301 GARDEN CITY DRIVE LANDOVER, MD 20785	SECURITY	336,035.
HAROLD GRINSPOON FOUNDATION 67 HUNT ST, SUITE 100 AGAWAM, MA 01001	SUBSCRIPTION SVCS	220,379.
NAVISTAR DIRECT MARKETING 4612 NAVISTAR DRIVE FREDERICK, MD 21703	DIRECT MAIL SERVICES	197,971.
DELOITTE CONSULTING 200 BERKELEY STREET, SUITE 7 BOSTON, MA 02116	CONSULTING	115,000.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
53-0212445

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) JFGW BUILDING LLC 80-0898436 6101 EXECUTIVE BLVD #100 NORTH BETHESDA, MD 20852	OPERATE BLDG.	MD	1,521,350.	17,050,025.	SEE PART VII
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) JOSEPH AND ALMA GILDENHORN FOUNDATION 52-1487633 6101 EXECUTIVE BLVD #100 NORTH BETHESDA, MD 20852	SEE PART VII	DC	501(C)(3)	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) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII Supplemental Information**

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

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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 Return  
(and proxy tax under section 6033(e))**

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019.

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<input type="checkbox"/> Check box if address changed	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.</b>	<b>D Employer identification number</b> (Employees' trust, see instructions.)  53-0212445
<b>B Exempt under section</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) 220(e) <input type="checkbox"/> 408A 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions. <b>6101 EXECUTIVE BLVD 100</b>	<b>E Unrelated business activity code</b> (See instructions.)  531390
<b>C Book value of all assets at end of year</b>  261,280,703.		City or town, state or province, country, and ZIP or foreign postal code <b>NORTH BETHESDA, MD 20852</b>	
<b>F Group exemption number</b> (See instructions.) ▶			
<b>G Check organization type</b> ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ ATCH 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ ISABELLA YUSIMOVA Telephone number ▶ 301-230-7200

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c Balance</b> ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b> 521,936.	<b>ATCH 2</b>	521,936.
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 521,936.		521,936.

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b> Salaries and wages		<b>15</b>	
<b>16</b> Repairs and maintenance		<b>16</b>	
<b>17</b> Bad debts		<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>	
<b>19</b> Taxes and licenses		<b>19</b>	38,557.
<b>20</b> Charitable contributions (See instructions for limitation rules)	<u>ATCH 3</u>	<b>20</b>	47,734.
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>	
<b>23</b> Depletion		<b>23</b>	
<b>24</b> Contributions to deferred compensation plans		<b>24</b>	
<b>25</b> Employee benefit programs		<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)		<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<u>ATCH 4</u>	<b>28</b>	6,040.
<b>29 Total deductions.</b> Add lines 14 through 28		<b>29</b>	92,331.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>	429,605.
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b>	
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30		<b>32</b>	429,605.

For Paperwork Reduction Act Notice, see instructions.



Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for Unrelated Business Taxable Income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for Tax Computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 for Tax and Payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 56-58 regarding foreign activities and tax-exempt interest.

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

Signature and Preparer Information section. Includes fields for Signature of officer, Date, Title, Preparer's name, Signature, Date, Firm's name, Address, and EIN.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b> Inventory at beginning of year . . . . .	<b>1</b>		<b>6</b> Inventory at end of year . . . . .	<b>6</b>	
<b>2</b> Purchases . . . . .	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line		
<b>3</b> Cost of labor . . . . .	<b>3</b>		6 from line 5. Enter here and in		
<b>4a</b> Additional section 263A costs			Part I, line 2 . . . . .	<b>7</b>	
(attach schedule) . . . . .	<b>4a</b>				
<b>b</b> Other costs (attach schedule) . . . . .	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to		
<b>5</b> <b>Total.</b> Add lines 1 through 4b . . . . .	<b>5</b>		property produced or acquired for resale) apply		
			to the organization? . . . . .		<b>Yes</b> <b>No</b>

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

(1)	
(2)	
(3)	
(4)	

**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 income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ►

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	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)		%		
<b>Totals</b> . . . . . ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 . . . . . ►				

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals . . . . . ▶

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (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 (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals . . . . . ▶

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	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 income	6. 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 and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Totals . . . . . ▶

**Schedule J—Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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.	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)) . . . ▶

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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.	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)						
<b>Totals from Part I.</b> . . . . . ▶						
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶	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.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No. 1545-0687

**2018**

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019.

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of organization

THE JEWISH FEDERATION OF GREATER

Employer identification number

53-0212445

Unrelated business activity code (see instructions) ▶ 531390

Describe the unrelated trade or business ▶ RENTAL OF DEBT-FINANCED PROPERTY

<b>Part I Unrelated Trade or Business Income</b>			(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales				
<b>b</b>	Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b>	Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts		<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b>	Rent income (Schedule C)		<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E). <u>ATCH 5</u>		<b>7</b> 436,293.	315,714.	120,579.
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b>	Advertising income (Schedule J)		<b>11</b>		
<b>12</b>	Other income (See instructions; attach schedule)		<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12		<b>13</b> 436,293.	315,714.	120,579.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b>	Salaries and wages		<b>15</b>		
<b>16</b>	Repairs and maintenance		<b>16</b>		
<b>17</b>	Bad debts		<b>17</b>		
<b>18</b>	Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b>	Taxes and licenses		<b>19</b>		8,907.
<b>20</b>	Charitable contributions (See instructions for limitation rules)		<b>20</b>	<u>ATCH 6</u>	11,028.
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>			
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b</b>	
<b>23</b>	Depletion		<b>23</b>		
<b>24</b>	Contributions to deferred compensation plans		<b>24</b>		
<b>25</b>	Employee benefit programs		<b>25</b>		
<b>26</b>	Excess exempt expenses (Schedule I)		<b>26</b>		
<b>27</b>	Excess readership costs (Schedule J)		<b>27</b>		
<b>28</b>	Other deductions (attach schedule)		<b>28</b>	<u>ATCH 7</u>	1,395.
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		<b>29</b>		21,330.
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>		99,249.
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b>		
<b>32</b>	Unrelated business taxable income. Subtract line 31 from line 30		<b>32</b>		99,249.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

INCOME DERIVED FROM PARTNERSHIP INVESTMENTS

ATTACHMENT 2FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

AG REALTY FUND VII	-11,110.
FRIENDSHIP PROPERTIES LTD. PARTNERSHIP	214,697.
HIGHLAND HOUSE LIMITED PARTNER	400,371.
LEXINGTON CAPITAL PARTNERS VI-A, L.P.	3,191.
PAUL CAPITAL PARTNERS IX L.P.	150.
TIFF PRIVATE EQUITY PARTNERS 2007, LLC	-6,337.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC	6,331.
TIFF PRIVATE EQUITY PARTNERS 2006, LLC	262.
WALTON STREET REAL ESTATE FUND VI, LP	17,517.
SPUR VENTURES III, LP	-63.
PRIVATE ADVISORS SMALL COMPANY	-65,455.
JBG SMITH PROPERTIES	1,949.
CARLYLE STRATEGIC PARTNERS IV, LP	-39,567.
INCOME (LOSS) FROM PARTNERSHIPS	<u>521,936.</u>

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

UNRELATED TRADE OR BUSINESS INCOME	521,936.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	44,597.
	<u>0.</u>
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	47,734.
CHARITABLE CONTRIBUTION	47,734.
<u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u>	<u>47,734.</u>



ATTACHMENT 4

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

PROFESSIONAL SERVICE FEES

6,040.

PART II - LINE 28 - OTHER DEDUCTIONS

6,040.

ATTACHMENT 5

DEBT-FINANCED PROPERTY

SCHEDULE M - LINE 7 SCHEDULE E UNRELATED DEBT-FINANCED INCOME

<u>1. DESCRIPTION OF DEBT-FINANCED PROPERTY</u>	<u>2. GROSS INCOME FROM OR ALLOCABLE TO DEBT- FINANCED PROPERTY</u>	<u>3. DEDUCTIONS DIRECTLY CONNECTED WITH OR ALLOCABLE TO DEBT-FINANCED PROPERTY</u>		
		<u>(A) STRAIGHT LINE DEPR.</u>	<u>(B) OTHER DEDUCTIONS</u>	
1 OFFICE BUILDING	1,008,747.	246,948.	483,009.	
<u>4. AMOUNT OF AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT- FINANCED PROPERTY</u>	<u>5. AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT- FINANCED PROPERTY</u>	<u>6. COLUMN 4 DIVIDED BY COLUMN 5</u>	<u>7. GROSS INCOME REPORTABLE (COLUMN 2 x COLUMN 6)</u>	<u>8. ALLOCABLE DEDUCTIONS (COLUMN 6 x TOTAL OF COLUMNS 3(A) AND 3(B))</u>
3,145,000.	7,271,442.	.43251	436,293.	315,714.
		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 .....		<u>436,293.</u>	<u>315,714.</u>	
TOTAL DIVIDENDS-RECEIVED DEDUCTIONS INCLUDED IN COLUMN 8 .....				

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

PROFESSIONAL SERVICE FEES

1,395.

PART II - LINE 28 - OTHER DEDUCTIONS

1,395.

SCHEDULE M LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	120,579.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	10,302.
NOL CARRYOVER	0.
	<u>          </u>
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	11,028.
CHARITABLE CONTRIBUTION	11,028.
<u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u>	<u>11,028.</u>

**THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.**

**EIN: 53-0212445**

**6/30/2019**

**CHARITABLE CONTRIBUTIONS CARRYFORWARD SCHEDULE**

TAX YEAR	FISCAL YEAR	CHARITABLE CONTRIBUTIONS MADE	CHARITABLE CONTRIBUTIONS USED	CARRYFORWARD AVAILABLE	CARRYFORWARD AVAILABLE TO NEXT YEAR
2013	6/30/2014	24,437,602	100,126	24,337,476	-
2014	6/30/2015	19,135,084	71,867	19,063,217	19,063,217
2015	6/30/2016	17,283,071	110,263	17,172,808	17,172,808
2016	6/30/2017	19,349,529	89,077	19,260,452	19,260,452
2017	6/30/2018	20,184,646	77,944	20,106,702	20,106,702
2018	6/30/2019	23,651,432	58,742	23,592,690	23,592,690
			CARRYFORWARD TO 2019		99,195,869