Forn	<b>9</b>	90	Under section 501(c),	Organization Ex	- ernal Revenu	e Code (exc	ept private foundat	ions)	OMB No. 154	20
		of the Treasury		ter Social Security numbers		-	•		Open to F	
		nue Service	endar year, or tax year be	on about Form 990 and its i	01, <b>2020</b> , a		gov/torm990.	06/3	Inspecti 30 , <b>20</b> 21	on
			me of organization THE JEWI			na enanig	D Employer ide			
B ci	neck if ap	- Baablas	ASHINGTON, INC.							
	Addre		ing Business As				53-0212	445		
	1 °		mber and street (or P.O. box if ma	il is not delivered to street address	) Ro	oom/suite	E Telephone nu	umber		
	Initial	return 6	101 EXECUTIVE BLVD			100	(301) 23	0-720	0 0	
	Termi	inated Cit	y or town, state or province, count	ry, and ZIP or foreign postal code						
	Amen return		ORTH BETHESDA, MD 2				G Gross receipt	.s \$	107,598	,315.
	Applic pendi	ng	me and address of principal officer	: GIL PREUSS			H(a) Is this a grou subordinates		or Yes	X No
			AME AS "C" ABOVE				H(b) Are all subord			No
		empt status:	X 501(c)(3) 501(c)	( )    (insert no.)	4947(a)(1) or	527			ee instructions)	
			.SHALOMDC.ORG			1. 1. 1.	H(c) Group exemp rmation: 1948 M			MD
	⊦orm o art I	Summa	: X Corporation Trust	Association Other		L Year of fo	mation: 1940	State of I	legal domicile:	MD
			ribe the organization's missio	n ar maat aignifiaant activitiaa:	TO INSP	TRE BII		ΤΔΤΝ	VIBRANT	
ъ	1		LIFE IN A CHANGING							
Governance			E, INTENTIONAL INNO							
ern	2		box  box  if the organizatio				25% of its net assets	 `		
20			voting members of the govern	•	•			3		128.
			independent voting members					4		127.
Activities &			er of individuals employed in o					5		79.
tivi			er of volunteers (estimate if neo					6	4,	251.
Ac	7a	Total unrela	ated business revenue from Pa	rt VIII, column (C), line 12				7a	366	,082.
			ed business taxable income fro					7b	299	,719.
							Prior Year		Current Ye	
e			ns and grants (Part VIII, line 1h)		COPY F		35,947,84		32,836	,906.
Revenue			ervice revenue (Part VIII, line 2g					0.		0.
Rev			income (Part VIII, column (A),	lines 3, 4, and 7d)		∟	6,425,02		12,042	
			nue (Part VIII, column (A), lines				-591,92			,025.
	12		ue - add lines 8 through 11 (m				41,780,93 21,842,50		44,414 21,268	
			similar amounts paid (Part IX,				21,042,50	0.	21,200	, 093.
		<b>.</b>	id to or for members (Part IX, o her compensation, employee b	<i>•••••••••••••••••••••••••••••••••••••</i>		••••+	6,906,38		6,588	874
Expenses	15	Brofossion	her compensation, employee to al fundraising fees (Part IX, colu aising expenses (Part IX, colum	ump (A) line 11e)	nes 5-10)	••••+	22,72			,715.
ben	i ua h	Total fundr	aising expenses (Part IX, colur	$(D)$ line 25) $\searrow$ 3.9	978.919.	••••+	227,2			<u>,,,,</u> ,
щ	17	Other expe	nses (Part IX, column (A), lines	11a-11d 11f-24e)			4,110,61	1.	4,782	,777.
	18		ises. Add lines 13-17 (must eq				32,882,22		32,700	
	19		ss expenses. Subtract line 18 f				8,898,71	0.	11,713	,927.
res Ces			<b>·</b>				Beginning of Current Y	ear	End of Yea	r
Net Assets or Fund Balances	20	Total assets	s (Part X, line 16)			[	260,201,20	2.	329,022	,310.
t As d Bä	21	Total liabilit	ies (Part X, line 26)			[	66,789,71		82,458	
Punet	22	Net assets	or fund balances. Subtract line	e 21 from line 20			193,411,48	8.	246,563	,432.
Pa	rt II		ire Block							
Unc	ler per	nalties of perju	ury, I declare that I have examined lete. Declaration of preparer (other	d this return, including accompai than officer) is based on all inform	nying schedules	and statements a	nts, and to the best of	my kno	wledge and be	elief, it is
	,									
Sig	n		ture of officer				Date			
Hei					<b>CEO</b>		Dale			
	-		PREUSS		CEO					
			preparer's name	Preparer's signature		Date		if PTI	N	
Paid	l		BERGER				Check self-employe	"	01871563	
	barer	Firm's name							381590	
Use	Only		ss ▶ 8401 GREENSBOR	O DRIVE, #800 MCL	EAN, VA 2	22102			393-0600	
Мау	the II		this return with the preparer sh						X Yes	No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

For	n 990 (2020)	Page <b>2</b>
P	Int III Statement of Program Service Accomplishments	
4	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	X
1	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 X No
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
J	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a the total expenses, and revenue, if any, for each program service reported.	allocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
42	(Code: ) (Expenses \$ 21,268,893. including grants of \$ 19,829,308. ) (Revenue \$	0.)
τu	ATTACHMENT 2	/
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code:) (Expenses \$4,311,536. including grants of \$) (Revenue \$	0.)
	ATTACHMENT 3	
4c	(Code: ) (Expenses \$ including grants of \$ 1,439,585. ) (Revenue \$	0.)
	IN CONNECTION WITH THE GRANT PROGRAM DESCRIBED IN LINE 4A,	
	FEDERATION IDENTIFIED LOCAL COMMUNITY NEEDS THAT WERE SPECIFIC TO	
	THE GLOBAL COVID PANDEMIC. ACCORDINGLY, GRANTS OF \$1,439,585 WERE	
	MADE IN FY21 (AND CONTINUED INTO FY22) TO RESPOND TO THESE NEEDS.	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses ► 25,580,429.	
JSA		Form <b>990</b> (2020)

Form 9	990 (2020)		F	Page 3
Part	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
•	complete Schedule A. In the second seco	1	X X	
2 3	Did the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	А	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	A	
I	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>	11f	x	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII.	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		х
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2020)

Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Х	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		х
20	persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		;	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 0E1030	1.000	Form	990	(2020)

Form	990 (2020)		F	Page 5
Par	t 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. 2a 79			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	37	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_	х	
	required to file Form 8282?	7c	Λ	
		7.		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	711		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		Х
•	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a		Х
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	55		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
-	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes." complete Form 4720. Schedule O.			

Form **990** (2020)

Form §	990 (2020) THE JEWISH FEDERATION OF GREATER 53-021	2445	F	-age <b>6</b>
Part	t 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 on Schedule O.	See ir	nstruc	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 128			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b> 127			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х	
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	Ļ	Х
Secti	ion B. Policios / This Section B requests intermation about policies not required by the Internal Vevenue	Code		
0000	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	COUE	1	NI
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a	1	
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	1	X
10a b	Did the organization have local chapters, branches, or affiliates?	10a	1	
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	X
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10a 10b	1	X
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes	X
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10a 10b 11a	Yes	X
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes X X	X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes X X X X	X
10a b 11a b 12a b c 13	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes X X X X X	X
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes X X X X	X
10a b 11a b 12a b c 13	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes X X X X X	X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes X X X X X X	X
10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes X X X X X	X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes X X X X X X	X
10a b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes X X X X X X	X
10a b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes X X X X X X	X
10a b 11a b 12a b c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes X X X X X X	X X X
10a b 11a b 12a b c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes X X X X X X	X X X
10a b 11a b 12a b c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes X X X X X X	X X X
10a b 11a b 12a c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes X X X X X X	X X X
10a b 11a b 12a c 13 14 15 a b 16a b Secti	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes X X X X X X	X X X
10 a b 11 a b 12 a b c 13 14 15 a b 16 a b <u>Secti</u> 17	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	Yes X X X X X X	X X X X X
10a b 11a b 12a c 13 14 15 a b 16a b Secti	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	Yes X X X X X X	X X X X X

**<sup>19</sup>** Describe on 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.

<sup>20</sup> State the name, address, and telephone number of the person who possesses the organization's books and records ► MOLLY GRAVHOLT 6101 EXECUTIVE BLVD, STE 100 NORTH BETHESDA, MD 20852 301-230-7200

Page 7

Part VII	Compensation o	of Officers,	Directors,	Trustees,	ĸey	Employees	, Hignest	Compensated	Employees,	and
	Independent Con									
	Check if Schedule C	O contains a re	esponse or n	ote to any line	e 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. See instructions for the order in which to list the persons above.

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

		(C)								
(A)	(B)	(1			sition			(D)	(E)	(F)
Name and title	Average					e than c is both		Reportable	Reportable	Estimated amount of other
	hours per week					or/trust		compensation from the	compensation from related	compensation
	(list any		_			1		organization	organizations	from the
	hours for	r dir	stitu	Officer	ey e	nplc	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	Individual trustee or director	Ition	Ÿ	Key employee	st c	¥.			related organizations
	below	r trus	al tr		yee	mp				
	dotted line)	tee	Institutional trustee			Highest compensated employee				
			e			ated				
	== 00									
(1)GIL PREUSS	55.00							406 150	0	
EXECUTIVE VICE PRESIDENT & CEO	0.	X		Х				486,150.	0.	35,642.
(2) EILEEN FRAZIER	55.00								0	10 404
COO - SEE SCH. O	0.			Х				265,626.	0.	13,434.
(3) JUNE FALB	55.00	-							0	F 180
CHIEF ENDOWMENT OFF-SEE SCH.O	0.					X		223,700.	0.	5,178.
(4) SHARI MERRILL	55.00	-						015 010	0	10 545
CHIEF IMPACT OFFICER	0.					X		215,213.	0.	10,745.
(5) ZACHARY BRITON	55.00	-							0	10 242
CHIEF DONOR EXPERIENCE OFFICER	0.					X		207,163.	0.	10,343.
(6) ELISA DEENER-AGUS	55.00	-						167 640	0	4 4 2 1
CHIEF OF STAFF	0.					X		167,648.	0.	4,431.
(7) MICHELLE WACHTEL	55.00	-						125 504	0	
SENIOR DIRECTOR CAMPAIGN	0.					X		135,704.	0.	6,776.
(8) MARK L. LEVITT	2.00			37				0	0	0
PRESIDENT	0.	X		Х				0.	0.	0.
(9) SCOTT BROWN	2.00			37				0	0	0
VICE PRESIDENT AT LARGE	0.	X		Х				0.	0.	0.
(10) JOHANNA CHANIN VP LEADERSHIP & VOLUNTEER DEV.	2.00			37				0	0	0
		X		Х				0.	0.	0.
(11) KERRY L. IRIS	2.00			37				0	0	0
VP FOR WOMEN'S PHILANTHROPY	0.	X		Х				0.	0.	0.
(12) SAMUEL G. KAPLAN	2.00			37				0	0	0
VP, FINANCE & TREASURER		X		Х				0.	0.	0.
(13) JULIE E. KASS VP, STRATEGIC PLANNING & ALLOC	2.00	x		Х				0.	0.	0.
(14) JOCELYN B. KRIFCHER	2.00			Λ				0.	0.	0.
VP FOR FINANCIAL RESOURCE DEV.	2.00	x		Х				0.	0.	0.
VP FOR FINANCIAL RESOURCE DEV.	0.	Λ		Λ				υ.	0.	0.

Form 990 (2020)

	art VII Section A. Officers, Directors, Tru (A)	(B)	<b>,</b>		(C)			(D)	(E)	1	(F)	
	(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	P not che unless	ositior k mo bersoi direc	re than on its both tor/trust employee ee	an	Reportable compensation from the organization (W-2/1099-MISC)	(L) Reportable compensation fro related organizations (W-2/1099-MIS0	om a cor C) f or ar	(') istimated mount of other npensatii rom the ganization nd related ganization	on n J
15	) JEFFREY RUM VP, STRATEGIC PLANNING & ALLOC	2.00	X	Σ				0.	C	).		(
16	) SAMANTHA SISISKY	2.00			-							
	VP FOR YOUNG LEADERSHIP	0.	x	2				0.	0	).		
17	) ROBIN HETTLEMAN WEINBERG	2.00		-						-		
	VP FOR DONOR ENGAGMNT & STEWAR	0.	x	2				0.	0	).		
18	) ABBA J. BLUM	2.00			-							
	PRESIDENTIAL APPOINTEE	0.	x	2				0.				
10	) STEPHEN J. KELIN	2.00										
	PRESIDENTIAL APPOINTEE	0.	x	2	-			0.				
$\overline{20}$	) NORMAN POZEZ	2.00			-			0.		· •		
	PRESIDENTIAL APPOINTEE	0.	x	2				0.				
$\frac{1}{21}$	) MICHELLE J. STRAVITZ	2.00		2	-			0.		· •		
	PRESIDENTIAL APPOINTEE	0.	x	2	-			0.				
2	) GARY BERMAN	2.00		- 2	<u> </u>			0.		· •		
	PAST PRESIDENT	0.	x	2				0.				
23		2.00	~		-			0.		· ·		
	PAST PRESIDENT	0.	x	2				0.				
$\overline{2}$	) DAVID J. BUTLER	2.00			-			0.		· ·		
	PAST PRESIDENT	0.	x	2				0.				
25	) DIANE S. FEINBERG	2.00		2	-			0.		· •		
	PAST PRESIDENT	0.	x	2	-			0.				
_		0.	21	2	-			1,701,204.		0.	86,5	
	b Sub-total							0.		0.	00,	0
	c Total from continuation sheets to Part VII, S	=		• • •	• • •	• • •		1,701,204.		0.	86,5	-
_	d Total (add lines 1b and 1c)			••••	 	•••				0.	00,3	949
2	Total number of individuals (including but not reportable compensation from the organization		nose 19		abo	e) who	o re	ceived more than	\$100,000 of			
_				, 							Yes	No
		Passes						la se la la la se			res	INO
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched									3		Х
			\$15	0,000	? 	f "Yes	s," (	complete Schedu	le J for such			
4	organization and related organizations group						• •			4	X	
4	organization and related organizations grain individual											
4	<i>individual</i> Did any person listed on line 1a receive or	accrue con	mpen	satior								
5	<i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i> Y	accrue con	mpen	satior								Х
5	individual Did any person listed on line 1a receive or for services rendered to the organization? If "Y ection B. Independent Contractors	accrue con es," complet	mpen te Sch	satior nedule	J fo	r such	per	son	<u></u>	5		Х
5	<i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> <b>ection B. Independent Contractors</b> Complete this table for your five highest com compensation from the organization. Report of	accrue con es," complet pensated in	mpen te Sch	satior nedule	J fo	<i>r such</i> ntracto	<i>per</i> rs t	son hat received more	than \$100,000	5 ) of		X
5	<i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ye</i> <b>ection B. Independent Contractors</b> Complete this table for your five highest com compensation from the organization. Report of year.	accrue con es," complet pensated in	mpen te Sch	satior nedule	J fo	<i>r such</i> ntracto	<i>per</i> rs t	son hat received more ending with or with	than \$100,000	) of tion's tax		X
5	<i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> <b>ection B. Independent Contractors</b> Complete this table for your five highest com compensation from the organization. Report of	accrue con es,"complet pensated in compensatio	mpen te Sch	satior nedule	J fo	<i>r such</i> ntracto	<i>per</i> rs t	son hat received more	than \$100,000	5 ) of	)	<u>x</u>

Form	990	(2020)	

		y L11	ipidy				iigi	nest Compensat			
(A)	(B)		-	(C				(D)	(E)	_	(F)
Name and title	Average hours per	(do r		Posit eck r		than or	ne	Reportable compensation	Reportable compensation fro		stimated nount of
	week (list any					s both a		from	related		other
	hours for					or/truste		the	organizations		pensation
	related organizations	ndiv or di	nsti	Officer	(ey	ligh	Former	organization	(W-2/1099-MISC	<i>•</i> )	om the Janization
	below dotted	rect	tutic	ĕŗ	emp	est loye	ler	(W-2/1099-MISC)			d related
	line)	ortr	onal		Key employee	eom				org	anizations
		Individual trustee or director	Institutional trustee		ě	pen					
		Ø	tee			Highest compensated employee					
6) MICHAEL C. GELMAN	2.00			-		ă					
PAST PRESIDENT	0.	x		x				0.	0		
7) SUSAN R. GELMAN	2.00									-	
PAST PRESIDENT	0.	Х		x				0.	0		
3) JOSEPH B. GILDENHORN	2.00										
PAST PRESIDENT	0.	x		x				0.	0		
9) EDWARD H. KAPLAN	2.00			1							
PAST PRESIDENT	0.	х		x				0.	0		
)) IRENE R. KAPLAN	2.00			$\neg$	$\neg$						
PAST PRESIDENT	0.	х		x				0.	0		
1) STUART S. KURLANDER	2.00										
PAST PRESIDENT	0.	X		Х				0.	0		
2) LIZA LEVY	2.00			Τ							
PAST PRESIDENT	0.	Х		Х				0.	0	•	
3) PHILIP N. MARGOLIUS	2.00			T	T						
PAST PRESIDENT	0.	Х		Х				0.	0	•	
4) IVAN M. SCHAEFFER	2.00		ΙT	Ţ	T						
PAST PRESIDENT	0.	Х		Х				0.	0	•	
5) MATTHEW H. SIMON	2.00										
PAST PRESIDENT	0.	X		Х				0.	0	•	
6) ROBERT E. ZAHLER	2.00										
PAST PRESIDENT	0.	Х		Х				0.	0		
b Sub-total								0.		Ο.	
c Total from continuation sheets to Part VII, Se	=										
d Total (add lines 1b and 1c)				• •		• •					
2 Total number of individuals (including but not li				d ab	ove	) who	re	ceived more than	\$100,000 of		
reportable compensation from the organization		19	)								
											Yes N
B Did the organization list any former office										•	X
employee on line 1a? If "Yes," complete Schedu										3	
For any individual listed on line 1a, is the s											
organization and related organizations gre individual										4	X
										4	
Did any person listed on line 1a receive or a for services rendered to the organization? If "Ye										5	X
Section B. Independent Contractors	-,	2 001				20.011			<u></u>		
Complete this table for your five highest comp											
compensation from the organization. Report co year.							1			(0)	
	ress							(B) Description of se	rvices	(C) Compen	
year. (A)	ress								rvices		
year. (A)	ress								rvices		

Form	990	(2020)	

Image: second of the second		(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unless er and	s pers a dir	tion nore tl son is	han one both ar r/trustee	from	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
SECRETARY       0       0.         3) PALL S. BERGER       2.00       x       x       0       0.         COUNSEL       0.       x       x       0.       0.         MEMBER       0.       x       0       0.       0.         VITIAN G. BASS       0.       0.       0.       0.       0.         VITIAN G. BASS       0.       0.       0.       0.       0.         MEMBER       0.       0.       0.       0.       0.         ICLENN BENSON       70       0.       0.       0.       0.         IDENN BENSON       70       0.       0.       0.       0.       0.         IDENSER       0.       X       0.       0.       0.       0.         IDENSON       70       X       0.       0.       0.       0.         IDENSON       70       X       0.       0.       0.       0.       0.         IDENSON       70       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. </th <th></th> <th></th> <th>organizations below dotted</th> <th>Individual trustee or director</th> <th>Institutional trustee</th> <th>Officer</th> <th>Key employee</th> <th>Highest compensated</th> <th>(W-2/1099-MISC)</th> <th></th> <th>organization and related</th>			organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	(W-2/1099-MISC)		organization and related
3) PALL S. BERGER       2.00       x       x       0       0.         COUNSEL       0.       x       x       0       0.         NENSE AIN       -70       0       0.       0.       0.         MEMBER       0.       x       0       0.       0.         MEMBER       0.       x       0       0.       0.         1) GLENN BENSON       .70       0       0.       0.       0.         MEMBER       0.       x       0       0.       0.         1) GLENN BENSON       .70       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.         1) JOSHUA B. BERNSTEIN       .70       x       0.       0.       0.       0.         10 NORMA BERNSTEIN       .70       x       0.	7)		-+								
<sup>1</sup> CONSET.        0.       x       x       0.       0.         P) RISE AIN       .70				Х		Х			0	. 0.	
2)       NESE AIN       .70       x       0       0.         MEMBER       0.       x       0       0.       0.         VIVIAN G. BASS       .70       x       0       0.       0.         MEMBER       0.       x       0       0.       0.         1)       GLENN BENSON       .70       x       0       0.         MEMBER       0.       x       0       0.       0.         1)       GLENN BENSON       .70       x       0       0.         MEMBER       0.       x       0       0.       0.         1)       JOSHUA B. BERNSTEIN       .70       x       0       0.         MEMBER       0.       X       0       0.       0.         1)       NORMAN BERNSTEIN       .70       x       0       0.         10.       MEMBER       0.       X       0       0.       0.         10.       NCHELE HYMER BLITZ       .70       x       0       0.       0.         11.       DRODSKY       .70       X       0       0.       0.         12.       PHILIP BLUMENTHAL       .70       X       <	3)		-+	-							
MEMBER       0       0.         1) VITAN G. BASS       .70       0         MEMBER       0. x       0.0.         1) GLENN BENSON       .70       0         MEMBER       0. x       0.0.         1) BENJAMIN BENSON       .70       0         MEMBER       0. x       0.0.         1) BENJAMIN BENSON       .70       0         MEMBER       0. x       0.0.         1) JOSHUA B. BENSTEIN       .70       0         MEMBER       0. x       0.0.         1) ONGNAN BENSTEIN       .70       0         MEMBER       0. x       0.0.         1) NICHELE HYMER BLITZ       .70       0         MEMBER       0. x       0.0.         1) HEIDI BRODSKY       .70       0         MEMBER       0. x       0.0.         1) HEIDI BRODSKY       .70       0         MEMBER       0. x       0.0.         1) BUDENTHAL       .70       1         MEMBER       0. x       0.0.         1) HULD BRODSKY       .70       1         1) BUDENTHAL       .70       1         1) Total unmber of individuals (including but not limited to those listed abo				X		Х			0	. 0.	
D) VIVIAN G. BASS       .70       x       0       0.         MEMBER       0.       x       0       0.         1) GLENN BENSON       .70       x       0       0.         1) GLENN BENSON       .70       x       0       0.         2) BENJAMIN BERKOWITZ       .70       x       0       0.         MEMBER       0.       x       0       0.         3) JOSHUA B. BERNSTEIN       .70       x       0       0.         MEMBER       0.       x       0       0.         1) NORNAN BERNSTEIN       .70       x       0       0.         1) MORMAN BERNSTEIN       .70       x       0       0.         MEMBER       0.       x       0       0.         1) MICHELE HYMER BLITZ       .70       x       0       0.         MEMBER       0.       x       0       0.       0.         1) HEIDI BRODSKY       .70       x       0       0.       0.         2       Total add lines 1b and 1c)	9)		-+	-							
MEMBER       0.       X       0.       0.         1) GLENN BENSON       .70       0.       0.         MEMBER       0.       X       0.       0.         2) BENJAMIN BERKOWITZ       .70       0.       0.       0.         MEMBER       0.       X       0.       0.       0.         MEMBER       0.       X       0.       0.       0.         1) JOSHUA B. BERNSTEIN       .70       0.       0.       0.       0.         MEMBER       0.       X       0.       0.       0.         1) NORMAN BERNSTEIN       .70       X       0.       0.         MEMBER       0.       X       0.       0.       0.         MEMBER       0.       X       0.       0.       0.         1) MICHELE HYMER BLITZ       .70       X       0.       0.       0.         MEMBER       0.       X       0.       0.       0.       0.         1) HEIDI BRODSKY       .70       .70       .70       .70       .70       .70       .70       .70       .70       .70       .70       .70       .70       .70       .70       .70       .	<u>,</u>			X					0	. 0.	
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2)       BENJAMIN BERKOWITZ       .70         MEMBER       0.       x       0.       0.         3)       JOSHUA B. BERNSTEIN       .70       0.       0.       0.         MEMBER       0.       x       0.       0.       0.         MORNAN BERNSTEIN       .70       0.       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.         MEMBER       0.       x       0. <td>L)</td> <td></td> <td>-+</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	L)		-+								
MEMBER       0       0       0       0         3) JOSHUA B. BERNSTEIN       .70       0       0       0         MEMBER       0.       X       0       0       0         1) MORMAN BERNSTEIN       .70       0       0       0       0         1) MORMAN BERNSTEIN       .70       0       0       0       0         3) MICHELE HYMER BLITZ       .70       0       0       0       0         MEMBER       0.       X       0       0       0       0       0         MEMBER       0.       X       0       <				Х					0	. 0.	
a) JOSHUA B. BERNSTEIN       .70         MEMBER       0.         b) NORMAN BERNSTEIN       .70         MEMBER       0.         0.       x         0.       x         0.       x         0.       0.         MEMBER       0.         0.       0.      <	2)		-+								
MEMBER       0.       X       0.       0.       0.         1) NORMAN BERNSTEIN       .70       X       0.       0.       0.         MEMBER       0.       X       0.       0.       0.       0.         Total properturb of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 12? If "Yes," complete Schedule J for such individual.       3       X         For any individual listed on line 1a,				Х					0	. 0.	
1) NORMAN BERNSTEIN       .70	3)		-+								
MEMBER       0.       x       0.       0.       0.         MICHELE HYMER BLITZ       .70       x       0.       0.       0.         MEMBER       0.       X       0.       0.       0.         C total from continuation sheets to Part VII, Section A       >       0.       0.       0.         C total from continuation sheets to Part VII, Section A       >       0.       0.       0.       0.         Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       3       X <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>. 0.</td> <td></td>				Х					0	. 0.	
i) MICHELE HYMER BLITZ       .70       x       0.0.0.         MEMBER       0.x       0.0.0.         i) PHILIP BLUMENTHAL       .70       x       0.0.0.         MEMBER       0.x       0.0.0.       0.0.0.         MEMBER       0.x       0.0.0.       0.0.0.         MEMBER       0.x       0.0.0.0.       0.0.0.0.         MEMBER       0.x       0.0.0.0.0.0.         b Sub-total       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	<u>-</u>		-+								
MEMBER       0.       x       0.       0.         5)       PHILIP       BLUMENTHAL       .70       x       0.       0.         MEMBER       0.       x       0.       0.       0.       0.         7)       HEIDI BRODSKY       .70       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.         b Sub-total       0.       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A				Х					0	. 0.	
3)       PHILIP BLUMENTHAL       .70       x       0       0.         MEMBER       0.       x       0       0.       0.         c       Total from continuation sheets to Part VII, Section A       >       0.       0.       0.         c       Total from continuation sheets to Part VII, Section A       >       0       0.       0.         c       Total from continuation sheets to Part VII, Section A       >       0       0.       0.         c       Total from continuation sheets to Part VII, Section A       >       0       0.       0.         c       Total from continuation sheets to Part VII, Section A       >       0       0.       0.         c       Total from continuation sheets to Part VII, Section A       >       0       0.       0.         c       Total from continuation sheets to Part VII, Section A       19       19       100       100.000 of         c       Total from continuation and related organization greater than \$150,000?       If "Yes," comple	5)		-+								
MEMBER       O.       X       O.       O.         1 HEIDI BRODSKY       .70       X       0.       0.         MEMBER       0.       0.       0.       0.         b Sub-total       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.         c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b       19         *       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       1       3       X         .       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         .       Did any person listed on line 1a receive				X					0	. 0.	
1) HEIDI BRODSKY       .70       0.       0.       0.       0.         MEMBER       0.       0.       0.       0.       0.       0.         b Sub-total       0.       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.       0.       0.         c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         c For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         c Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual       5       X <td>5)</td> <td></td> <td>-+</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>   </td> <td></td>	5)		-+								
MEMBER       0. X       0. 0.         b Sub-total       0. 0.         c Total from continuation sheets to Part VII, Section A       0. 0.         d Total (add lines 1b and 1c)       10. 0.         c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 19         e Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person         E Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)				Х					0	. 0.	
b Sub-total   c Total from continuation sheets to Part VII, Section A   d Total (add lines 1b and 1c)   c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 19   c Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   c For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.   c Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   c Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   c 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.	7)		-+								
c Total from continuation sheets to Part VII, Section A       Image: Content of the individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       Yes N         •       •       •       •       •         •       •       •       •       •         •       •       •       •       •       •         •       •       •       •       •       •       •         • <t< td=""><td></td><td>MEMBER</td><td>0.</td><td>Х</td><td></td><td></td><td></td><td></td><td>0</td><td>. 0.</td><td></td></t<>		MEMBER	0.	Х					0	. 0.	
<ul> <li>Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li></ul>	c d 2	Total from continuation sheets to Part VII, Total (add lines 1b and 1c) Total number of individuals (including but no	t limited to th	hose	listec		ove)	who			
individual	Ļ	employee on line 1a? If "Yes," complete Sche For any individual listed on line 1a, is the	dule J for suc sum of rep	ch ind oortab	l <i>ividu</i> ole co	<i>al</i> omp	pens	ation	and other compen	sation from the	
Gection B. Independent Contractors         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)	5	<i>individual</i> Did any person listed on line 1a receive o	r accrue coi	mpen	satio	n fr	rom	any ı	nrelated organizati	on or individual	
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.			Yes," comple	te Scł	nedul	e J	for s	such p	erson		<b>5</b> X
(A) (B) (C) Compensation	l	Complete this table for your five highest con compensation from the organization. Report									
			ddress						<b>(B)</b> Description of se	ervices Co	

Form	aan	(2020)	
FOIIII	990	(2020)	

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	s pe	ition more rson	e than of is both a or/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISC	other compensation
B) ABBY CHERNER	.70	77							0	
MEMBER	0.	X						0.	0	•
) MARCELLA COHEN		v						0	0	
MEMBER ) MORRIS COHEN	0.	X						0.	0	•
MORRIS COHEN MEMBER	.70	x						0.	0	
	.70							0.	0	•
_) RACHEL WEINER COHEN MEMBER	. 70	x						0.	0	
2) JASON M. CONWAY	.70		$\left  \right $					0.	0	•
MEMBER	0.	x						0.	0	
3) EVA COWEN	.70							U.	0	•
MEMBER	0.	x						0.	0	
) LAURA K. CUTLER	.70	- 22	$\left  \right $					0.	0	•
MEMBER	0.	x						0.	0	
) EVA M. DAVIS	.70								0	•
MEMBER	0.	x						0.	0	.
) SHOLOM B. DEITSCH	.70								0	
MEMBER	0.	x						0.	0	
) JEFFREY S. DISTENFELD	.70	_								
MEMBER	0.	x						0.	0	
B) RALPH S. DWECK	.70									
MEMBER	0.	х						0.	0	
b Sub-total						I		0.		).
c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c) Total number of individuals (including but not l	limited to tl	hose	liste			e) who	► ►	ceived more than	\$100,000 of	
Did the organization list any former office	er, directo		tru							Yes N
employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the so organization and related organizations gre individual	sum of rep eater than	ortab \$15	ole c 50,0	om 00?	pen <i>If</i>	sation <i>"Yes</i>	n ar ," (	nd other compens	ation from the	3 2 4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue col	mpen	satio	on f	rom	n any	uni			5 <sup>2</sup>
Complete this table for your five highest com compensation from the organization. Report c year.										
(A) Name and business add	r000							(B) Description of se	rvices	(C) Compensation

Form	aan	(2020)
FUIII	330	(2020)

a) DAVID J. FARBER       .70       x       0       0.         MEMBER       0.       0.       0.       0.         MEMBER       0.       x       0.       0.         D. CARLY FINKELSTEIN       .70       x       0.       0.         MEMBER       0.       x       0.       0.         J. DEFFREY I. FINKELSTEIN       .70       x       0.       0.         MEMBER       0.       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.         NORCHARER       0.       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.         S ROCHELLE FRIEDMAN       .70       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.         NEMBER       0.       x       0.       0.       0.       0.       0.       0.       0.       0.       0.		(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	e than of is both or/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	ar com fi org an	(F) Estimated amount of other compensation from the organization and related organizations	
1)       CALLY FINKELSTEIN       .70       x       0.0       0.0         MEMBER       0.0       x       0.0       0.0         NEMBER       0.0       x       0.0       0.0         MEMBER       0.0       x       0.0       0.0         MEMBER       0.0       x       0.0       0.0         MEMBER       0.1       x       0.0       0.0         MEMBER       0.0       x       0.0       0.0         MEMBER       0.0       x       0.0       0.0         MEMBER       0.0       x       0.0       0.0         MEMBER       0.1       x       0.0       0.0         MEMBER       0.1       x       0.0       0.0         MEMBER       0.1       x       0.0       0.0         NOCKELLE FRIEDMAN       .70       x       0.0       0.0         NEMER       0.1       x       0.0       0.0         NORGAN GENDERSON	59)	DAVID J. FARBER	.70					٩						
MEMBER       0       0       0         1) JEFFREY I, FINKELSTEIN       .70       0       0         MEMBER       0       0       0         1) TOBY FRANK       .70       0       0         MEMBER       0       X       0       0         1) FEDERICO COHEN FREUE       .70       0       0       0         MEMBER       0       X       0       0       0         1) RUTH FRIEDBERG       .70       X       0       0       0         1) RUTH FRIEDBAN       .70       X       0       0       0         1) RUTH FRIEDBAN       .70       X       0       0       0         1) BELXIS COHEN GANTSOUDES       .70       X       0       0       0         1) BUD-Total       0       0       0       0       0       0         1) BUD-Total       0       0       0 <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0.</td> <td></td> <td></td> <td></td>				Х						0	0.			
1)       JEFRREY I. FINKELSTEIN       .70       x       0       0.         MEMBER       0.       0.       0.       0.       0.         MEMBER       0.       0.       0.       0.       0.         3)       TOPY FRANK       .70       0.       0.       0.       0.         MEMBER       0.       0.       0.       0.       0.       0.         MEMBER       0.       0.       0.       0.       0.       0.         MEMBER       0.       0.       0.       0.       0.       0.         SEDNA FRIEDBERG       .70       0.       0.       0.       0.       0.       0.         MEMBER       0.       X       0.       0.       0.       0.       0.       0.         10       MEMBER       0.       X       0.	0)													
MEMBER       0       0.         2) MICHAEL FLYER       .70       0         MEMBER       0.       0.         1) TOBY FRANK       .70       0         MEMBER       0.       0         1) FEDERICO COHEN FREUE       .70       0         MEMBER       0.       0         1) COLLE FRIEDBERG       .70       0         MEMBER       0.       0         10 RUTH FRIEDMAN       .70       0         MEMBER       0.       0         3) ALEXIS COHEN GANTSOUDES       .70       0         MEMBER       0.       X       0         3) ALEXIS COHEN GANTSOUDES       .70       0         4) ALEXIS COHEN GANTSOUDES       .70       0         2) MORGAN GENDERSON       .70       0       0         4) Total (add lines 1b and fo)       .       0       0         4) Total mumber of individuals (including but not lim				X						0.	0.			
2) MICHAEL FLYER       .70       x       0       0.         MEMBER       0.       x       0       0.         1) TOBY FRANK       .70       x       0       0.         MEMBER       0.       x       0       0.         1) FEDERICO COHEN FREUE       .70       x       0       0.         MEMBER       0.       x       0       0.         S) EDNA FRIEDBERG       .70       x       0       0.         MEMBER       0.       x       0       0.         S) ROCHELLE FRIEDMAN       .70       x       0       0.         MEMBER       0.       x       0       0.       0.         1) RUTH FRIEDMAN       .70       x       0       0.       0.         MEMBER       0.       x       0       0.       0.       0.         3) ALEXIS COHEN GANTSOUDES       .70       x       0       0.       0.       0.         MEMBER       0.       X       0       0.       0.       0.       0.       0.         2) Otal from continuation sheets to Part VII, Section A	1)													
MEMBER       0       0       0         3) TOBY FRANK       .70       0       0         MEMBER       0       0       0         4) PEDERICO COHEN FREUE       .70       0       0         MEMBER       0       0       0         70       X       0       0         MEMBER       0       0       0         70       X       0       0         MEMBER       0       0       0         70       X       0       0         MEMBER       0       0       0         3) ALEXIS COHEN GANTSOUDES       .70       0       0         MEMBER       0       X       0       0         10       Subtotal       0       0       0         10       Subtotal       0       0       0 <tr< td=""><td></td><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td></td><td></td><td></td></tr<>				X						0.	0.			
3) TOBY FRANK       .70       x       0       0.         MEMBER       0.       x       0.       0.       0.         Social controls       Social controls       0.       0.       0.         MEMBER       0.       x       0.       0.       0.         Northerer       0.       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.       0.         MEMBER       0.       x       0. </td <td>2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td></td> <td></td>	2)										_			
MEMBER       0       0       0       0         1) FEDERICO COHEN FREUE       .70       0       0       0         MEMBER       0.       X       0       0       0         Senders       0.       X       0       0       0         MEMBER       0.       X       0       0       0         Senders       0.       X       0       0       0         MEMBER       0.       X       0       0       0         Senders       0.       X       0       0       0         MEMBER       0.       X       0       0       0         MEMBER       0.       X       0       0       0         MEMBER       0.       X       0       0       0         ALEXIS COHEN GANTSOUDES       .70       X       0       0       0         MEMBER       0.       X       0       0       0       0         MEMBER       0.       X       0       0       0       0       0       0         MEMBER       0.       X       0       0       0       0       0       0       0	2.1			X						0.	. 0.			
4) FEDERICO COHEN FREUE       .70       0.       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.       0.         5) EDNA FRIEDBERG       .70       0.       x       0.       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.       0.         5) ROCHELLE FRIEDMAN       .70       .70       0.       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.         3) ALEXIS COHEN GANTSOUDES       .70       x       0.       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.       0.       0.         9) MORGAN GENDERSON       .70       x       0.	3)			37							_			
MEMBER       0.       x       0.       0.       0.       0.         5)       EDNA FRIEDBERG       .70       x       0.       0.       0.       0.         MEMBER       0.       X       0.       0.       0.       0.       0.         MEMBER       0.       X       0.       0.       0.       0.       0.         10       NTH FRIEDMAN       .70       0.       0.       0.       0.       0.         3)       ALEXIS COHEN GANTSOUDES       .70       0.       0.       0.       0.       0.         3)       ALEXIS COHEN GANTSOUDES       .70       0.       0.       0.       0.       0.         3)       ALEXIS COHEN GANTSOUDES       .70       0.       0.       0.       0.       0.       0.       0.         4)       MEMBER       0.	4.)			X						0.	. 0.			
5)       EDNA FRIEDBERG       .70       0       0       0.         MEMBER       0.       X       0.       0.       0.         5)       ROCHELLE FRIEDMAN       .70       0       0.       0.         MEMBER       0.       X       0.       0.       0.         7)       RUTH FRIEDMAN       .70       0.       0.       0.         MEMBER       0.       X       0.       0.       0.         3)       ALEXIS COHEN GANTSOUDES       .70       0.       0.       0.         MEMBER       0.       X       0.       0.       0.         9)       MORGAN GENDERSON       .70       0.       0.       0.         1b       Sub-total       0.       0.       0.       0.       0.         1c       Total (add lines 1b and 1c)	4) 			v						0	0			
MEMBER       0       0       0         MEMBER       0       X       0       0         MEMBER       0       X       0       0         MEMBER       0       X       0       0         NUTH FRIEDMAN       70       0       0       0         MEMBER       0       X       0       0       0         Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 19       Yes       N         B       Did the organization list any former officer, director, or trustee, key employee, or highest compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such indi	<u>5</u> )			Λ						0.	. 0.			
5)       ROCHELLE FRIEDMAN       .70       x       0       0.         MEMBER       .70				v						0	0			
MEMBER       0 </td <td>6)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td></td> <td></td> <td></td> <td></td>	6)									0.				
7)       RUTH FRIEDMAN       .70       x       0       0.         MEMBER       0.       x       0       0.       0.         3)       ALEXIS COHEN GANTSOUDES       .70       x       0       0.         MEMBER       0.       x       0       0.       0.         MEMBER       0.       0.       0.       0.       0.         MEMBER       0.       0.       0.       0.       0.         MEMBER       0.       0.       0.       0.       0.         b Sub-total       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       >       0.       0.       0.         d Total (add lines 1b and 1c)				x						0	0			
MEMBER       0       0       0         3) ALEXIS COHEN GANTSOUDES       .70       x       0       0         MEMBER       0.       x       0       0       0         9) MORGAN GENDERSON       .70       x       0       0       0         10 Bub-total       0.       0       0       0       0         c Total from continuation sheets to Part VII, Section A       0       0       0       0         c Total from continuation sheets to Part VII, Section A       0       0       0       0         c Total from continuation sheets to Part VII, Section A       0       0       0       0         c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 19       19         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compen	7)													
3)       ALEXIS COHEN GANTSOUDES       .70       x       0       0.         MEMBER       0.       x       0       0.       0.         3)       MORGAN GENDERSON       .70       x       0       0.         MEMBER       0.       x       0       0.       0.         Ib Sub-total       0.       0.       0.       0.       0.         c       Total from continuation sheets to Part VII, Section A       >       0.       0.       0.         c       Total (add lines 1b and 1c)				x						0.	0.			
MEMBER       0       0         MORGAN GENDERSON       .70       0       0       0         MEMBER       0.       0.       0       0       0         MEMBER       0.       0.       0       0       0         c Total from continuation sheets to Part VII, Section A       0       0       0       0         c Total from continuation sheets to Part VII, Section A       0       0       0       0         c Total from continuation sheets to Part VII, Section A       0       0       0       0         c Total from continuation sheets to Part VII, Section A       0       0       0       0         c Total function the organization istication sheets to Part VII, Section A       10       0       0       0         c Total function the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       10       3       X         3       X       3       X       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensati	8)													
MEMBER       0. x       0. 0.         Ib Sub-total       0. 0.       0. 0.         c Total from continuation sheets to Part VII, Section A       >       0. 0.         d Total (add lines 1b and 1c)       >       0. 0.         c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       19         c Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       Yes         a For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3       X         b Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)			0.	x						0.	0.			
b Sub-total   c Total from continuation sheets to Part VII, Section A   d Total (add lines 1b and 1c)   c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 19   c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 19   c Total number of individual list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   c For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.   c Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   c Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   c 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.	9)	MORGAN GENDERSON	.70											
c Total from continuation sheets to Part VII, Section A   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 > 19   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   3 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   4 X   5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   5 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.		MEMBER	0.	Х						0.	0.			
c Total from continuation sheets to Part VII, Section A   d Total (add lines 1b and 1c)   c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 19   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   5 Did any person listed 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.	1b	Sub-total								0.	0			(
<ul> <li>B Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li></ul>	С	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	limited to tl	hose	liste		• •	e) whc	► ► re	ceived more than	\$100,000 of			
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 15 Z 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	3												Yes	N
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	lividu	ual	• •		• •			3		X
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4													
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         5       Section B. Independent Contractors       5       X         6       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)		organization and related organizations gre	eater than	\$15	50,0	00?	lf	"Yes	," (				37	
for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       5       X         I Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)												4	X	
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.	5	for services rendered to the organization? If "Ye										5		Х
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)		•												
	1	compensation from the organization. Report c												
			lress								ervices			
											,			

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	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles er and	s per I a di	ition more rson	e than o is both or/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation f related organizations (W-2/1099-MIS	s	(F) Estimated amount of other compensation from the organization and related organizations
	OWARD GLECKMAN	.70	v						0.		0.	
	ILLEL GOLDBERG	0.	X						0.	•	0.	
	EMBER	·····	x						0.		0.	
	OEL GOLDHAMMER	.70	- 21						0.	•	••	
	EMBER	·····	x						0.		0.	
	AROL I. GORDON	.70		$\vdash$								
	EMBER	0.	x						0.		0.	
1) N	EIL GURVITCH	.70										
	EMBER	0.	x						0.		0.	
	ARCI HANDLER	.70										
	EMBER	0.	х						0.		0.	
5) R	ACHEL M. HOFSTATTER	.70										
M	EMBER	0.	х						0.		0.	
7) C	ANDACE KAPLAN	.70										
	EMBER	0.	X						0.		0.	
	AWRENCE KAPLAN	.70										
	EMBER	0.	Х						0.		0.	
	ESLIE A. KAPLAN	.70										
	EMBER	0.	Х						0.		0.	
	ONALD KAPLAN	.70	_									
	EMBER	0.	Х						0.	•	0.	
bSι	ıb-total							►	0.		0.	
	tal from continuation sheets to Part VII, S											
	tal (add lines 1b and 1c)									<u> </u>		
	tal number of individuals (including but not portable compensation from the organizatio				d ab	oove	e) who	o re	ceived more than	\$100,000 of		
re	portable compensation from the organizatio	►	19	2								V
en	d the organization list any <b>former</b> offic nployee on line 1a? <i>If "Yes," complete Sched</i>	lule J for suc	ch ind	lividu	ial .	••		••			-	Yes         Ν           3         2
or	or any individual listed on line 1a, is the ganization and related organizations gr dividual	eater than	\$15	50,00	)0?	lf	"Yes	,"	nd other compens complete Schedu	sation from th le J for suc	e h	4 X
Di	d any person listed on line 1a receive or r services rendered to the organization? <i>If "</i> Y	accrue col	mpen	satic	on f	rom	n any	un				5 Σ
	on B. Independent Contractors											
co	omplete this table for your five highest com mpensation from the organization. Report o ar.											s tax
	(A) Name and business add	dress							(B) Description of se	rvices	Cor	(C) mpensation

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	(A) Name and title	Average hours per week (list any hours for	box, office	unles er and	ss pe d a d	more rson lirect	e than of is both or/truste Φ Τ	an ee)	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	STUART KASWELL MEMBER	.70	v						0.	0.	
	AYALA NURIELY KIMEL	0.	X						0.	. 0.	
	MEMBER	0.	х						0.	0.	
	SHELDON H. KLEIN	.70									
	MEMBER	0.	Х						0.	0.	
4)	WILLIAM M. KREISBERG	.70									
	MEMBER	0.	Х						0.	0.	
5)	SUSAN KRISTOL	.70									
	MEMBER	0.	Х						0.	0.	
6)	ROCHELLE KUPFER	.70									
	MEMBER	0.	Х						0.	0.	
	ESTHER LEDERMAN	.70									
	MEMBER	0.	X						0.	0.	
	STUART H. LESSANS	.70									
	MEMBER	0.	X						0.	0.	
	HENRY D. LEVINE	.70	37						0	0	
	MEMBER	0.	Х						0.	0.	
	MARK L. LEZELL		х						0.	0.	
	MITCHELL I. MALASKY	.70	Λ						0.	. 0.	
	MEMBER	0.	Х						0.	0.	
									0.	0.	
с٦	Sub-total Fotal from continuation sheets to Part VII, Se Fotal (add lines 1b and 1c)										
	Fotal number of individuals (including but not l						e) who	o re	ceived more than	\$100.000 of	
	eportable compensation from the organization		19				,			+····	
											Yes N
3 [	Did the organization list any <b>former</b> office	er, directo	r, or	tru	iste	e, I	key e	mp	loyee, or highest	t compensated	
	employee on line 1a? If "Yes," complete Schedu										3 X
<b>1</b> F	For any individual listed on line 1a, is the s	sum of rep	ortab	ole c	com	pen	satior	n ar	nd other compens	sation from the	
C	organization and related organizations gre	eater than	\$15	50,0	00?	lf	"Yes	," (			
	ndividual										<b>4</b> X
	Did any person listed on line 1a receive or										
	or services rendered to the organization? If "Ye ion B. Independent Contractors	es," complet	te Sch	nedu	ile J	for	such	per	son		<b>5</b> X
	Complete this table for your five highest component compensation from the organization. Report correct.										
)									(B)		(0)
	(A) Name and business add	ress							<b>(B)</b> Description of se	rvices	(C) Compensation
									*		

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Nam	(A) ne and title	(B) (C) Average hours per week (list any hours for box, unless person is both officer and a director/truste						an ee)	<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation	of
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	from the organizati and relate organizatio	ion ed
2) LOUIS MAYBER	RG	.70									_		
MEMBER	מחט	0.	X						0		0.		
3) ALAN L. MELT MEMBER		.70	v						0		0.		
4) ERIC MEYERS		.70	X						0	•	0.		
MEMBER		0.	x						0		0.		
5) JEAN R. MILE	SAIIFR	.70	А						0	•	0.		
MEMBER		0.	x						0		0.		
6) RIVA D. MIRV	/IS	.70								•	<u> </u>		
MEMBER		0.	x						0		0.		
7) BENJAMIN NUS	SSDORF	.70											
MEMBER		0.	x						0		0.		
8) RONALD A. PA	AUL, M.D.	.70											
MEMBER		0.	x						0		0.		
9) SAUL PILCHEN	1	.70											
MEMBER		0.	x						0		0.		
0) KIM PRICE		.70											
MEMBER		0.	Х						0		0.		
1) JENN RAFAEL		.70											
MEMBER		0.	Х						0	•	0.		
2) DANIEL RASKA	AS	.70											
MEMBER		0.	Х						0		0.		
b Sub-total									0.		0.		
	uation sheets to Part VII, Se												
	b and 1c)												
	dividuals (including but not l				d ał	bove	e) who	re re	ceived more than	\$100,000 of			
reportable compe	nsation from the organizatior	ו 🕨	19	)									
											ſ	Yes	N
	ation list any former offic											2	2
	1a? If "Yes," complete Schedu											3	
	I listed on line 1a, is the s												
	related organizations gre									le J for suc	n	<b>4</b> X	
	sted on line 1a receive or											4 1	
	red to the organization? If "Ye											5	2
Section B. Independe		,		- 40							-		
Complete this tab	le for your five highest com m the organization. Report c											s tax	
,	(A)								(B)			(C)	
	Name and business add	ress							Description of se	rvices	Cor	mpensation	
								1		1			

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles er and	s per a di	tion more rson i irecto	than or a both a both the both a both Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISC	other compensation		
3) STEVEN REIN	.70	-										
MEMBER	0.	Х						0.	. 0	•		
) SCOTT L. REITER	.70											
MEMBER	0.	X		$ \rightarrow$				0	. 0	•		
) RACHEL RHODES	.70							_	_			
MEMBER	0.	X		_	-+			0.	. 0	•		
) MERYL ROSENBERG MEMBER	. 70	v						_	. 0			
) PAMELA R. ROSENBERG	.70	X		-+				0.	0	•		
MEMBER	. 70	x						0	. 0			
) RANDI SADUGOR	.70			-+	_			0.	0	•		
MEMBER	.70	x						0	0			
) DEBORAH RATNER SALZBERG	.70	^	$\left  \right $	$\rightarrow$	-+			U.	0	•		
MEMBER	0.	x						0	0			
) JANIS SCHIFF	.70			+	-			0.	0	•		
MEMBER		x						0	0			
) PHILIP D. SCHIFF	.70	- 22	$\left  \right $	$\rightarrow$	-+			0		•		
MEMBER	<u>,,,</u>	x						0	0	.		
) MARISSA SCHLAIFER	.70		$\vdash$	+	+							
MEMBER	0.	x						0.	. 0			
) SUSAN SCHOR	.70			$\neg \uparrow$								
MEMBER	0.	х						0	0	.		
b Sub-total					1			0.		).		
c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)	imited to t		listed				► ► re	ceived more than	\$100,000 of			
Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the s organization and related organizations gre	<i>ile J for suc</i> sum of rep	ch ind oortab	lividu ole c	<i>ial</i> omp	pens	sation	n ar	nd other compens	sation from the	Yes N 3 2		
<i>individual</i> Did any person listed on line 1a receive or							•			<b>4</b> X		
for services rendered to the organization? If "Ye										<b>5</b> X		
ection B. Independent Contractors												
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.												
	ress						1	(B)		(C) Compensation		

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Image: Barling and Related of the set of the	(A) Name and title	(B) Average hours per week (list any hours for related organizations	Average         Position           hours per         (do not check more than one week (list any hours for					in	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the	
MEMBER       0       0         6)       BRLAN L. SCHWARTZ       70         MEMBER       0       0         10       BRLAN L. SCHWARTZ       70         MEMBER       0       0         10       BRLAN L. SCHWARTZ       70         MEMBER       0       0         10       DAVID D. SELDEN       70         MEMBER       0       0         10       DAVID D. SELDEN       70         MEMBER       0       0         11       NTM SHARNER       0         12       JANE P. SHICHMAN       70         MEMBER       0       X         13       ALXON SHIFF       70         14       X       0       0         15       JALON SHIFF       70       0         16       ALKIN SHARES       0       0         16       JALON SHIFF       70       0       0         16       MEMBER       0       X       0       0         14       JALON SHIFF       70       0       0       0         15       JALAN SHARES       0       0       0         16       MEMBER<		below dotted	Individual trustee or director	Institutional trustee	Yer	employee	est compensated loyee	ner	(W-2/1099-MISC)				
5)       BELAN L. SCHWALB       .70       x       0       0.         MEMBER       0.       x       0       0.       0.         1)       DAVID D. SELDEN       .70       0       0.       0.         MEMBER       0.       x       0       0.       0.         1)       HYI SHAPNER       .70       0.       0.       0.         MEMBER       0.       x       0.       0.       0.         1)       JANE F. SHICHMAN       .70       x       0.       0.         MEMBER       0.       x       0.       0.       0.         1)       JALLON SHIFF       .70       x       0.       0.       0.         1)       ALLON SHIFF       .70       x       0.       0.       0.       0.         2)       BEN SHLESINGER       .70       x       0.       0.       0.       0.       0.       0.       0.       0.       <		-+											
MEMBER       0       0       0         1) KEN SCHWARTZ       .70			X						0		0.		
b) Lew Schwartz       .70       x       0       0.         Member       0.       x       0.       0.       0.         Member       0.       x       0.       0.       0.         1) HYIN SHAFINER       .70       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.         1) HYIN SHAFINER       .70       x       0.       0.         MEMBER       0.       x       0.       0.         1) JANE E. SHICHMAN       .70       x       0.       0.         MEMBER       0.       x       0.       0.       0.         1) LAWRENCE R. SIDMAN       .70       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.         1) LAWRENCE R. SIDMAN       .70       x       0.       0.       0.			x						0		0		
MEMBER       0       0       0         1) DAVID D. SELDEN       .70       0       0         MEMBER       0. X       0       0         1) PAVID D. SELDEN       .70       0       0         MEMBER       0. X       0       0.         1) PAVID SHAPNER       .70       0       0         MEMBER       0. X       0       0.         NEMBER       0. X       0       0.         1) JANE E. SHICHMAN       .70       0       0         MEMBER       0. X       0       0.         1) ALLON SHIPF       .70       0       0         MEMBER       0. X       0       0.         1) ALNOY SHEELINGER       .70       0       0         MEMBER       0. X       0       0.         1) LAWENDER       0. X       0       0.         1) ALAWENDER       0. X       0       0.         2) LAWENDER       0. X       0       0.         3       1.2											<u> </u>		
MEMBER       0       0       0       0         1) HYIM SHAFNER       70       0       0       0         MEMBER       0       0       0       0         P) RAANAN SHAMES       70       0       0       0         MEMBER       0       0       0       0         1) HNDY STRELITZ       70       0       0       0         I total (add lines t		0.	х						0		0.		
a)       HYIM SHAFNER       70       x       0       0.         MEMBER       0.       x       0       0.       0.         NANAN SHAMES       .70       x       0       0.       0.         MEMBER       0.       x       0       0.       0.         1) JANE E. SHICHMAN       .70       x       0       0.       0.         MEMBER       0.       x       0       0.       0.         1) ALLON SHIFF       .70       x       0       0.       0.         MEMBER       0.       x       0       0.       0.         1) BEN SHLESINGER       .70       x       0       0.       0.         MEMBER       0.       x       0       0.       0.       0.         1) MEMER       0.       X       0       0.       0.       0.         MEMBER       0.       X       0       0.<	) DAVID D. SELDEN	.70											
MEMBER       0.       x       0.       0.       0.         MEMBER       0.       X       0.	MEMBER		Х						0		0.		
) RAANAN SHAMES       .70         MEMBER       0.       x       0.       0.         ) JANE E. SHICHMAN       .70       x       0.       0.         MEMBER       0.       x       0.       0.       0.         D BEN SHLESINGER       .70       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.       0.         MEMBER       0.       X       0.       0.       0.       0.       0.         MEMBER       0.       X       0.	·	-+	-										
MEMBER       0.       X       0.       0.         ) JANE E. SHICHMAN       .70       X       0.       0.       0.         MEMBER       0.       X       0.       0.       0.         ) BEN SHLESINGER       0.       X       0.       0.       0.         MEMBER       0.       X       0.       0.       0.         1 LAWRENCE R. SIDMAN       .70        0.       0.       0.         MEMBER       0.       0.       0.       0.       0.       0.         MEMBER       0.       0.       0.       0.       0.       0.       0.         MEMBER       0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0</td><td></td><td>0.</td><td></td></t<>			X						0		0.		
) JANE E. SHICHMAN       .70         MEMBER       0.         0. ALLON SHIFF       .70         MEMBER       0.         0. SHIESINGER       0.         0. JANE E. SIDMAN       0.         MEMBER       0.         1. LAWRENCE R. SIDMAN       0.         MEMBER       0.         1. LAWRENCE R. SIDMAN       0.         MEMBER       0.         0. LAWRENCE R. SIDMAN       0.         MEMBER       0.         0. MINDY STRELITZ       .70         MEMBER       0.         0. Sub-total       0.         C Total from continuation sheets to Part VII, Section A         C Total from continuation sheets to Part VII, Section A         Member G individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶         19         Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		+	37						0				
MEMBER       0       0       0         ALLON SHIFF       .70			X			_			0		0.		
ALLON SHIFF       .70       x       0       0.         MEMBER       .70       x       0.0       0.0         BEN SHLESINGER       .70       0       0       0.0         MEMBER       0.1       x       0       0.0         ILAWRENCE R. SIDMAN       .70       0       0       0.0         MEMBER       0.1       x       0       0.0         MEMBER       0.0       0.0       0       0.0         Cotal from continuation sheets to Part VII, Section A       0.0       0.0       0.0         c Total from continuation sheets to Part VII, Section A       0.0       0.0       0.0         Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated       3       3         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization? If "Yes," complete		+	v						0		0		
MEMBER       0.       x       0.       0.       0.         Den SHLESINGER       .70       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.         1 LAWRENCE R. SIDMAN       .70        0.       0.         MEMBER       0.       x       0.       0.         C total from continuation sheets to Part VII, Section A       >       0.       0.         c total dad lines tb and to)        >       0.       0.         Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       2         Did the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3       2         Did any person listed on line 1a receive or accrue compensatin from any unrelate			21		-	-			0	•	••		
MEMBER       0       0       0         1 LAWRENCE R. SIDMAN       .70       x       0       0.         MEMBER       0. x       0       0.       0.         MINDY STRELITZ       .70       x       0       0.         MEMBER       0. x       0       0.       0.         MEMBER       0. x       0       0.       0.         MEMBER       0. 0.       0.       0.       0.         MEMBER       0. 0.       0.       0.       0.         b Sub-total       0.0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.         d Total (add lines 1b and 1c)       10       0.       0.       0.         Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 19       19       3       2         Did the organization list any former officer, director, or trustee, key employee, or highest compensated individual for such individual       3       2       3       2         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendere		-+	x						0		0.		
)       LAWRENCE R. SIDMAN       .70       x       0.       0.         MEMBER       0.       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.         MEMBER       0.       x       0.       0.       0.         MEMBER       0.       0.       0.       0.       0.         c       Total from continuation sheets to Part VII, Section A       0.       0.       0.         c       Total (add lines 1b and 1c)       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       2         Did the organization list any former officer, director, or trustee, key employee, or highest compensated organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3       2         Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         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 organi	) BEN SHLESINGER	.70											
MEMBER       O.       X       O.       O.       O.         MINDY STRELITZ       .70       X       O.       O.       O.         MEMBER       O.       O.       O.       O.       O.         b Sub-total       O.       O.       O.       O.       O.         c Total from continuation sheets to Part VII, Section A       O.       O.       O.       O.         c Total from continuation sheets to Part VII, Section A       Image: Contract of Contend Contract of Contract Contract of Contend Co	MEMBER	0.	Х						0		0.		
MINDY STRELITZ       .70       0.       0.       0.       0.         MEMBER       0.       0.       0.       0.       0.       0.         b Sub-total       0.       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.       0.         d Total (add lines 1b and 1c)       1       1       1       1       1       1         Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b       19       19         Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	MEMBER 0. X 0												
MEMBER       0.       0.         b Sub-total       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.         c Total (add lines 1b and 1c)       0.       0.       0.         Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       Yes         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3       3         Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         Eetion B. Independent Contractors       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation's tax year.       (A)       (B)       (C)							0		0.				
b Sub-total   c Total from continuation sheets to Part VII, Section A   d Total (add lines 1b and 1c)   Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 19   Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   ection B. Independent Contractors   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.		+	-										
c Total from continuation sheets to Part VII, Section A       Image: Content of the section A         c Total (add lines 1b and 1c)       Image: Content of the section A         Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       Yes         For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3       2         Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         Ection B. Independent Contractors       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)		0.	X										
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       3         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         Section B. Independent Contractors       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)	c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) Total number of individuals (including but no	ot limited to t	hose	listec			) who	re	ceived more than	\$100,000 of			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         Section B. Independent Contractors       5       2         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such								4 X				
Rection B. Independent Contractors         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)	Did any person listed on line 1a receive of	or accrue co	mpen	satio	n fi	rom	any	unr	related organization				
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)	ection B. Independent Contractors												
	compensation from the organization. Report compensation for the calendar year ending with or within the organization												
	(A)		Iress							r dooo			
		address								IVICES		Inpensation	

Form	990	(2020)	
1 01111	330	(2020)	

(A) Name and title	Av hoi week ho re orga belo	(B) (C) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than or box, unless person is both officer and a director/trus or diricular or al trust ee ee ee ee ee ee ee ee ee e					s both a pr/truste	in	(D) Reportable compensation from the organization (W-2/1099-MISC)	<b>(E)</b> Reportable compensation related organizatior (W-2/1099-M	from	(F) Estimated amount of other compensation from the organization and related organizations
) STUART TAUBER		.70										
MEMBER		0.	Х						0	•	0.	
) EDWARD J. TOLCHIN		.70										
MEMBER		0.	X						0	•	0.	
) DAVID VOLOSOV		.70							-			
MEMBER		0.	X			-+			0	•	0.	
) ERIC WACHTER		.70	v						0			
MEMBER ) ELLEN KAGEN WAGHELS'		0.	Х		-+	-+		_	0	•	0.	
MEMBER	гети 	. 70	Х						0		0.	
) EDWARD R. WEISS		.70	Λ			-+			0.	•	· · ·	
MEMBER		0.	Х						0		0.	
) NAOMI YADIN-MENDICK		.70	- 22		-+	-+			0.	1		
MEMBER		0.	Х						0		0.	
) CINDY ZITELMAN		.70	- 23		-+	$\rightarrow$			0			
MEMBER		0.	Х						0		0.	
) STUART ZUCKERMAN		.70		$\vdash$	+	$\dashv$						
MEMBER		0.	Х						0		0.	
) ABRAM ZWANY		.70				+						
MEMBER		0.	Х						0		0.	
) MOLLY GRAVHOLT		0.										
CFAO - SEE SCH. O		0.			х				0		0.	
b Sub-total									0.		0.	
c Total from continuation shee	ets to Part VII, Sectio	n A						▶[				
d Total (add lines 1b and 1c)								►				
Total number of individuals (i		ed to th			d ab	ove	) who	re	ceived more than	\$100,000 of		
reportable compensation fron	the organization <b>&gt;</b>		19	)								
Did the organization list a employee on line 1a? <i>If "Yes,"</i> For any individual listed on	complete Schedule J	for suc	ch ind	ividu	al .	•••		• •				Yes N 3 2
organization and related c individual	rganizations greater	than	\$15 	50,00	. 00	lf	"Yes,	" (	complete Schedu	le J for su	ch	<b>4</b> X
Did any person listed on lin for services rendered to the o	rganization? If "Yes," c											5 2
ection B. Independent Contrac		oto -1 '			<b></b>	e e t		<b>•</b> • •	hot rooply	than \$100 0	00 -4	
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.										; tax		
N	ress						(B) Description of services			(C) Compensation		

#### Form 990 (2020)

Part VIII Statement of Revenue

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		Check if Schedule C	O contains a respor	se or note to ar	y line in this Part V	/		<u></u> .
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a	32,954.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
۵Ĕ	c	Fundraising events		54,250.				
fts r A	d	Related organizations						
ila	e	Government grants (cont		1,034,700.				
Sir	f	All other contributions, g	,					
er		and similar amounts not inc		31,715,002.				
the	g	Noncash contributions ir						
d d f	9	lines 1a-1f		6,258,990.				
аČ	h	Total. Add lines 1a-1f			32,836,906.			
			<u> </u>	Business Code	52700079001			
ė				Dusiness coue				
, vi	2a							
Ser	b							
εş	c							
gra Re	d							
Program Service Revenue	e							
ш.	f	All other program service		<b></b>	_			
	g	Total. Add lines 2a-2f			0.			
	3	Investment income (in	•		0 850 100		004 501	0 504 500
		other similar amounts).			2,759,103.		224,581.	2,534,522.
	4	Income from investment	•	•	0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents	6a 1,225,147.					
	b	Less: rental expenses 6	<b>6b</b> 1,738,816.					
	c	Rental income or (loss)						
	d	Net rental income or (loss	s)	<u></u>	-513,670.		141,501.	-655,171.
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory	70,728,515.					
e	b	Less: cost or other basis						
Revenue		and sales expenses	<b>7b</b> 61,445,313.					
ev	с	Gain or (loss)	7c 9,283,202.					
	d	Net gain or (loss)	<u></u>	<u></u>	9,283,202.			9,283,202.
Other	8a	Gross income from	fundraising					
0		events (not including \$ _						
		of contributions repor						
		1c). See Part IV, line 18		0.				
	b	Less: direct expenses		0.				
	c	Net income or (loss) from			0.			
	9a	Gross income fro	-					
		activities. See Part IV, line		0.				
	b	Less: direct expenses		0.				
	c	Net income or (loss) from			0.			
	10a	Gross sales of inv						
	loa	returns and allowances		0.				
	b	Less: cost of goods sold		0.				
	и С	Net income or (loss) from	· · · · · · · · ·		0.			
6	-	(,		Business Code				
Miscellaneous Revenue	110	OTHER MISCELLANEOUS IN	NCOME	900099	48,645.			48,645.
nu	11a			-	- ,			
ella	b			<u> </u>				
Re	c d			<u> </u>				
Ξ	d	All other revenue		└─── <b>─</b>	48,645.			
	<u> </u>	Total. Add lines 11a-11d					266 000	11 011 100
	12	Total revenue. See instru		🏲	44,414,186.		366,082.	11,211,198.

Section 501(c)(3) and 501(c)(4) organizations mus	t complete all columns	. All other organizatior	ns must complete colun	nn (A).
Check if Schedule O contains a respo	onse or note to any line	in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	21,268,893.	21,268,893.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and	0			
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,	543,519.	201,102.	114,139.	228,278
trustees, and key employees	545,517.	201,102.		220,270
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,001,865.	1,999,950.	744,312.	2,257,603
	0,001,0001			2,20,,000
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	287,263.	100,819.	93,906.	92,538
9 Other employee benefits	371,059.	138,257.	81,579.	151,223
0 Payroll taxes	385,168.	156,248.	61,725.	167,195
1 Fees for services (nonemployees):				
a Management	Ο.			
b Legal	110,350.	28,691.	80,814.	84
c Accounting	393,388.	102,281.	288,096.	3,011
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	59,715.			59,715
f Investment management fees	468,011.	173,164.	93,602.	201,245
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	1,859,427.	508,766.	954,693.	395,968
2 Advertising and promotion	21,386.	7,489.	2,230.	11,665
3 Office expenses	756,344.	472,163.	46,729.	237,452
4 Information technology	0.			
5 Royalties	167,898.	10 522	129,666.	10 600
6 Occupancy	22,711.	18,533.	15,401.	19,699
7 Travel	22,711.	2,951.	15,401.	ч,575
8 Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials	4,893.	1,782.	2,641.	470
9 Conferences, conventions, and meetings	0.	1,7021	2,011.	170
20       Interest	0.			
2 Depreciation, depletion, and amortization	187,356.	3,478.	182,246.	1,632
3 Insurance	59,591.	590.	59,001.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aALL OTHER EXPENSES	683,700.	352,342.	190,131.	141,227
b <sup>MISSIONS</sup>	47,722.	42,950.		4,772
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	32,700,259.	25,580,429.	3,140,911.	3,978,919
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs		T		
from a combined educational campaign and				
fundraising solicitation. Check here 🕨 🔲 if				
following SOP 98-2 (ASC 958-720)	0.			

following SOP 98-2 (ASC 958-720)

0.

Form 990 (2020)

	Page	1	1
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orm 990 (				Page <b>1</b> 1
Part X		art V		
	Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0.	1	0.
2	Savings and temporary cash investments.	10,701,397.	2	22,727,695.
3	Pledges and grants receivable, net	5,822,906.	3	4,053,644
4	Accounts receivable, net.	0.	4	0
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	Ο.	6	0
<del>د</del> ک	Notes and loans receivable, net	0.	7	0
Assets	Inventories for sale or use	0.	8	0
₹́9	Prepaid expenses and deferred charges	0.	9	0
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D <b>10a</b> 23, 373, 759.			
b	Less: accumulated depreciation <b>10b</b> 6,362,655.	17,289,137.	10c	17,011,104
11	Investments - publicly traded securities	144,758,604.	11	181,025,976
12	Investments - other securities. See Part IV, line 11	72,621,873.	12	95,370,586
13	Investments - program-related. See Part IV, line 11	0.	13	0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	9,007,285.	15	8,833,305
16	Total assets. Add lines 1 through 15 (must equal line 33)	260,201,202.	16	329,022,310
17	Accounts payable and accrued expenses	4,393,898.	17	3,644,227
18	Grants payable	10,690,290.	18	10,534,907
19	Deferred revenue.	0.	19	0
20	Tax-exempt bond liabilities.	8,600,000.	20	8,600,000
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	C
	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	C
ے 23	Secured mortgages and notes payable to unrelated third parties	5,991,620.	23	8,999,314
24	Unsecured notes and loans payable to unrelated third parties	0.	24	C
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	37,113,906.	25	50,680,430
26	Total liabilities. Add lines 17 through 25	66,789,714.	26	82,458,878
27 28	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	73,287,478.	27	98,831,001
28	Net assets with donor restrictions	120,124,010.	28	147,732,431
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.		-	
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASSel 30 30 31	Retained earnings, endowment, accumulated income, or other funds		31	
a 32	Total net assets or fund balances	193,411,488.	32	246,563,432
te 32 33	Total liabilities and net assets/fund balances	260,201,202.	33	329,022,310
		, . , •		Form <b>990</b> (202

THE J	EWISH	FEDERATION	OF	GREATER

Form 9	90 (2020)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			14,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2			00,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		11,713,927.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		193,411,488.		
5	Net unrealized gains (losses) on investments	5	4	14,5	80,2	293.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	-3,1	42,2	276.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
_	<u>32,</u> column (B))	10	24	16,5	63,4	132.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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?			2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	vplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the			37
	Single Audit Act and OMB Circular A-133?		••	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

Form **990** (2020)

### SCHEDULE A

Part I

1

2

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4

5

6 X

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11

12

а

b

С

d

е

f

g

(A)

(B)

(C)

(D)

(E)

Total

(Form 990 or 990-EZ)

## Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Open to Public Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection THE JEWISH FEDERATION OF GREATER Employer identification number Name of the organization WASHINGTON. 53-0212445 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **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. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No

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

Schedule A (Form 990 or 990-EZ) 2020

OMB No. 1545-0047

#### Schedule A (Form 990 or 990-EZ) 2020

53-0212445

Page 2

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

Sec	tion A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42,670,530.	29,716,816.	27,146,679.	35,947,839.	31,802,205.	167,284,069.					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.					
4	Total. Add lines 1 through 3	42,670,530.	29,716,816.	27,146,679.	35,947,839.	31,802,205.	167,284,069.					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						4,138,600.					
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from line 4						163,145,469.					
	tion B. Total Support						163,145,469.					
	ndar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total					
		42,670,530.	29,716,816.	27,146,679.	35,947,839.	31,802,205.	167,284,069.					
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,782,841.	2,955,744.	3,203,438.	3,280,018.	2,759,103.	14,981,144.					
9	Net income from unrelated business activities, whether or not the business is regularly carried on											
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1674,630.556,984.262,516.170,978.1,029,095.2,694,203.											
11	Total support. Add lines 7 through 10						187,391,283.					
12	Gross receipts from related activities, etc. (s	ee instructions) .				12						
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>										
Sec	tion C. Computation of Public Sup	port Percenta	ge			1						
14	Public support percentage for 2020 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	87.06%					
15	Public support percentage from 2019					15	85.16 <b>%</b>					
16a	a 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization											
b	<ul> <li>b 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> </ul>											
17a	<ul> <li>a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is</li> <li>10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in</li> </ul>											
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization											
b	<b>10%-facts-and-circumstances test - 2</b> 15 is 10% or more, and if the organiz	-	•									
	in Part VI how the organization meets organization	the facts-and-	-circumstances to	est. The organi	zation qualifies	as a publicly s	upported					
18	Private foundation. If the organization instructions											

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (	Form 990 or 990-EZ) 2020 Pa	age 3
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.)	

Sec	tion A. Public Support				•	,	
		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2017	(6) 2018	(u) 2019	(e) 2020	
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						1
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6.						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	· · · · ·						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	•	-				
	organization, check this box and stop here						· · · . ▶
Sec	tion C. Computation of Public Supp		•				
15	Public support percentage for 2020 (line 8,					15	%
16	Public support percentage from 2019 Sche					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2020 (lin	ne 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2019 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the or					ore than 331/3%	, and line
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2019. If the orga		-				
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•			
JSA				,		Schedule A (Form 9	
UE122	1 1.000						

#### Page **4**

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.

#### Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).
 1

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

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

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

4	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	<b>n</b> o)	
		115).	
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru-	ctions	).
•	Activities Test Answer lines 22 and 2b below	Yes	No

2	Activities Test. Answer lines za and zb below.	/	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.	2a	
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.	2b	
3 a	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</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? If "Yes" or "No," provide details in <b>Part VI.</b>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3h	

2

Schedule A (Form 990 or 990-EZ) 2020 PAGE 29

#### Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property 6 held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 1e 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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

6

Schedule A (Form 990 or 990-EZ) 2020

Schedu	THE JEWISH FEDERATIO			55	-0212445 Page
Part		Supporting Organizat	ions (continued)		
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organized		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp			
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Page 8

#### Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II - (	OTHER INCOME	E			ATTACHMENT 1	
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS INCOME	674,630.	556,984.	262,516.	170,978.	1,029,095.	2,694,203.
TOTALS =	674,630.	556,984.	262,516.	170,978.	1,029,095.	2,694,203.

#### Schedule B

(Form 990, 990-EZ,	
or 990-PF)	
Department of the Treasury	

## Internal Revenue Service

Name of the organization

2

WASHINGTON, INC.

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

THE	JEWISH	FEDERATION	OF	GREATEF

53-0212445

Organization type (check one):

Section:
X 501(c)(3 ) (enter number) organization
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
527 political organization
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**

X 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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.

Employer identification number 53-0212445

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	N/A	\$1,900,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	N/A	\$1,203,647.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	N/A	\$1,038,608.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	N/A	\$1,025,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	N/A	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	N/A	\$900,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B	(Form 990,	990-EZ, o	or 990-PF)	(2020)

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

Employer identification number 53-0212445

art I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	N/A	\$1,034,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B ( Name of org	(Form 990, 990-EZ, or 990-PF) (2020) ganization THE JEWISH FEDERATION OF GREATER		Employer ide	Page ntification number
	WASHINGTON, INC.		53-02	12445
Part II	Noncash Property (see instructions). Use duplicate copies of	of Part II if additiona	I space is nee	ded.
(a) No. from Part I	(b) Description of noncash property given			(d) Date received
2	STOCK			
		\$1	,201,547.	06/30/2021
(a) No. from Part I	(b) Description of noncash property given	FMV (or e	(c) FMV (or estimate) (See instructions.)	
3	STOCK	_		
		\$1	,038,608.	06/30/2021
(a) No. from Part I	(b) Description of noncash property given	(c FMV (or e (See instr	stimate)	(d) Date received
		   \$		
(a) No. from Part I	(b) Description of noncash property given	♥ (c FMV (or e (See instr	stimate)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c FMV (or e (See instr	stimate)	(d) Date received
		   \$		
(a) No. from Part I	(b) Description of noncash property given	(c FMV (or e (See instr	stimate)	(d) Date received
		_		
		\$		

	(Form 990, 990-EZ, or 990-PF) (2020)			Page 4	
Name of or	ganization THE JEWISH FEDERATION	OF GREATER		Employer identification number	
	WASHINGTON, INC.			53-0212445	
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ions completing Par e year. (Enter this in	one contributor. C t III, enter the total o formation once. Se	complete columns <b>(a)</b> through <b>(e) and</b> of <i>exclusively</i> religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift (c) Use			(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, ar	IU ZIF + 4		Iship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, ar	(e) Transf nd ZIP + 4	-	ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of Transferee's name, address, and ZIP + 4		•	ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, ar	(e) Transf nd ZIP + 4	-	ship of transferor to transferee	

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

► Attach to Form 990.

2 20 **Open to Public** 

OMB No. 1545-0047

Dep	artment of the Treasury		Attach to Form 990			Open to Public		
	rnal Revenue Service	-	/Form990 for instructions	and the latest inform		Inspection		
	ne of the organization	THE JEWISH FEDERATION	OF GREATER		Employer identific			
_	SHINGTON, INC				53-02124	45		
Pa		tions Maintaining Donor Adv			r Accounts.			
	Complete	e if the organization answered	"Yes" on Form 990, P	art IV, line 6.				
			(a) Donor advise		(b) Funds and	d other accounts		
1	Total number at e	end of year		259.				
2	Aggregate value	of contributions to (during year)		7,928,153.				
3	Aggregate value	of grants from (during year)		9,977,986.				
4	Aggregate value a	at end of year	116	5,407,320.				
5	Did the organizat	tion inform all donors and donor	advisors in writing that	t the assets held	in donor advised	I		
	funds are the orga	anization's property, subject to the	e organization's exclusive	e legal control?		X Yes No		
6	Did the organizat	ion inform all grantees, donors, a	and donor advisors in wi	riting that grant f	unds can be used	ł		
	only for charitable	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose						
	conferring impern	nissible private benefit?				X Yes No		
P		ation Easements.						
	Complete	e if the organization answered	"Yes" on Form 990, P	art IV, line 7.				
1	Purpose(s) of cor	nservation easements held by the	organization (check all th	nat apply).				
	Preservatio	on of land for public use (for example	, recreation or education)	Preservation	of a historically in	nportant land area		
		of natural habitat		Preservation	of a certified histo	oric structure		
	Preservatio	on of open space						
2		a through 2d if the organization h	eld a qualified conservat	ion contribution ir	n the form of a co	nservation		
	•	last day of the tax year.				e End of the Tax Year		
а		conservation easements			2a			
b		stricted by conservation easements			2b			
c	-	rvation easements on a certified			2c			
d		rvation easements included in (c						
u		-			2d			
3	historic structure listed in the National Register							
5	tax year					Janization during the		
4		where property subject to conse	rvation essement is locat	ed N				
5					tion handling of			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?							
6		violations, and enforcement of the conservation easements it holds? Low Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year						
U	Stan and volunteer nours devoted to monitoring, inspecting, handling of violations, and emoticing conservation easements during the year							
7	Amount of expense	Amount of expansion incurred in monitoring, increasing, handling of violations, and enforcing concervation econometed during the year.						
'	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year							
8	¢	wation easement reported on line '	2(d) above satisfy the rea	uirements of soct	ion 170(b)(4)(B)(i)			
0		each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) gection 170(h)(4)(B)(ii)?						
9		ibe how the organization reports						
3		id include, if applicable, the text of						
		counting for conservation easeme	-					
P		tions Maintaining Collections		asures, or Othe	er Similar Assets			
	•	e if the organization answered		•		~		
10	•				in statement and	halanca chaot works		
1a	of art, historical	n elected, as permitted under FA treasures, or other similar asse n Part XIII the text of the footnote	ts held for public exhit	pition, education,	or research in f	urtherance of public		
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance she art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pupprovide the following amounts relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1							
		ed in Form 990, Part X				\$		
2	• •	on received or held works of a				ial gain, provide the		
	•	s required to be reported under F				-		
а		I on Form 990, Part VIII, line 1				<u> </u>		

**b** Assets included in Form 990, Part X.....

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

Schedule D (Form 990) 2020

▶ \$

THE JEWISH FEDERATION OF GREATER

Schee	ule D (Form 990) 2020			-					-	Page <b>2</b>
Pa	rt III Organizations Maintaining Co	llections of	Art, Histo	rical Tre	asures	, or Oth	er Similar A	ssets (C	ontinued	d)
3	Using the organization's acquisition, acc	cession, and o	other recor	ds, checl	k any of	f the foll	owing that m	nake sign	ificant us	se of its
	collection items (check all that apply):			_						
а	Public exhibition		d	Loan d	or excha	inge prog	Iram			
b	Scholarly research		e	Other						
С	Preservation for future generations									
4	Provide a description of the organizatio	n's collections	and expla	ain how t	they fur	ther the	organization	s exempt	purpose	in Part
_	XIII.									
5	During the year, did the organization solid							_	<b>_</b>	<b>—</b>
	assets to be sold to raise funds rather tha		ained as pa	rt of the o	organiza	ation's col	lection?	L	Yes	No
Pa	rt IV Escrow and Custodial Arrang Complete if the organization a		e" on For	m 000 E	Part IV	lino 9 o	r reported a	n amour	t on For	m
	990, Part X, line 21.	iisweieu ie		II 990, F	annv,	iii e 9, 0	r reponeu a	ii amoun		111
1a	Is the organization an agent, trustee, c	istodian or o	ther interm	ediary fo	or contr	ibutions	or other ass	ets not		
Tu	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part									
				0	[			Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year				-	1e				
f	Ending balance				[	1f				
2a	Did the organization include an amount of	on Form 990,	Part X, line	21, for e	scrow c	or custodi	ial account lia	bility?	Yes	No
b	If "Yes," explain the arrangement in Part	XIII. Check h	ere if the ex	planation	has bee	en provide	ed on Part XII	· • • • • •		
Pa	t V Endowment Funds.									
	Complete if the organization a									
		Current year	(b) Prio			years back			(e) Four y	
1a		,749,286.	190,75			318,776				15,673.
b		,794,537.	12,/1	5,648.	8,1	723,211	L. 15,35	/,491.	22,1.	29,465.
С	Net investment earnings, gains,	,102,796.	1 10	0 725	10 5				17 0	10 000
		,102,798. ,163,251.		8,735. 1,540.		557,830 343,374				48,998. 46,188.
d		,103,231.	15,91.	1,540.	±7,3	, , , , , , ,	±. ±.,/±:	,330.	12,7	10,100.
е	Other expenditures for facilities									
	and programs									
Ť	Administrative expenses	,483,368.	188.74	9.286.	190.7	756.443	3. 188,818	3.776.	172.24	47,948.
g								,	,_	
2 a	Provide the estimated percentage of the Board designated or quasi-endowment	36.0100	) %	e (line ig,	column	(a)) neid	as:			
b	Permanent endowment  14.9700	%								
С	Term endowment ► 49.0200 %									
	The percentages on lines 2a, 2b, and 2c	should equal '	100%.							
3a	Are there endowment funds not in the po	ssession of th	ne organiza	tion that	are held	d and adr	ninistered for	the		
	organization by:								Y	es No
	(i) Unrelated organizations								3a(i)	Х
	(ii) Related organizations								3a(ii) 2	x
b	If "Yes" on line 3a(ii), are the related org					?			<b>3b</b>	x
4	Describe in Part XIII the intended uses o									
Pa	rt VI Land, Buildings, and Equipme Complete if the organization a	<b>nt.</b> answered "Y	es" on For	m 990 I	Part IV	line 11a	See Form	990 Pa	rt X line	10
	Description of property	(a) Cost or	other basis	(b) Cost	or other ba	sis (c)	Accumulated		Book valu	
		(inves	tment)	(	ther)		epreciation		2 52	4 100
1a ⊾	Land				534,10 991,08		,220,419.			4,100.
b	Buildings			±/,>	, y <b>,</b> U O	<u></u>	, 440, 719.		10,110	5,007.
c d	Leasehold improvements			1 4	11,55	9 1	,242,979.		16	8,580.
d	Equipment.				11,33 137,01		,242,979. 899,257.			7,757.
e Tota	Other Add lines 1a through 1e. (Column (d) m	IIST PRIVAL Form	n 990 Part							1,104.
1010		usi uqual I Ull	n 000, Fail	x, coiui11	יווו , שי	- 100./ <u>-</u>	· · · · · · /		±,,0±.	-,

#### Schedule D (Form 990) 2020 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) HEDGE FUNDS 65,012,660 FMV (B) REAL ASSETS 1,183,612. FMV (C) PRIVATE EQUITY 8,234,558 FMV (D) FUND OF FUNDS - PRIVATE EQUITY 20,939,756. FMV (E) (F) (G) (H) 95,370,586 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) **Investments - Program Related.** Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes DUE TO AGENCIES 46,500,659. (2) (3) SPLIT INTEREST AGREEMENT 3,549,829. INTEREST RATE SWAP LIABILITY 629,942 (4)(5)(6)(7)(8) (9)

50,680,430. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Х

Schedu	le D (Form 990) 2020				Page <b>4</b>
Part				า.	
	Complete if the organization answered "Yes" on Form 990, Part I				90,566,903.
1	Total revenue, gains, and other support per audited financial statements			1	90,500,903.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	- 1	44 500 000		
а	Net unrealized gains (losses) on investments	2a	44,580,293.		
b	Donated services and use of facilities	2b	1,700,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	340,435.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	46,620,728.
3	Subtract line 2e from line 1			3	43,946,175.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	468,011.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	468,011.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	44,414,186.
Part				rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line	e 12a.		
1	Total expenses and losses per audited financial statements			1	33,932,248.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	'			
- a	Donated services and use of facilities	2a	1,700,000.		
	Prior year adjustments	2b			
b	Other losses.	2c			
C L	Other (Describe in Part XIII.)	2d			
d				2e	1,700,000.
e	Add lines <b>2a</b> through <b>2d</b>			3	32,232,248.
3	Subtract line <b>2e</b> from line <b>1</b>	••• <sub>i</sub>		5	01,202,2101
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	468,011.		
а	Investment expenses not included on Form 990, Part VIII, line 7b		400,011.		
b	Other (Describe in Part XIII.)	4b			160 011
_ c	Add lines 4a and 4b			4c	468,011. 32,700,259.
5	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ).			5	32,700,259.
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F		/ lines the and the F	Port \/	line 4: Dort V line
-10010	e me describtions required for Part II. lines 5, 5, and 9, Part III. lines 18 and 4.1	aniv	. mies in and ZD. F	all V.	

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, 2021, THE FEDERATION DID NOT PAY INTEREST AND PENALTIES.

THE TAX YEARS ENDED JUNE 30, 2019, 2020 AND 2021, 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 NET UNREALIZED GAIN ON INTEREST RATE SWAP \$ 340,435

SCHEDULE F	Statement of Activities Outside the United St	ates 📙	OMB No. 1545-0047	
(Form 990)	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1</li> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>		2020 Open to Public Inspection	
Internal Revenue Service Name of the organization T	Employer iden	tification number		
WASHINGTON, INC.	53-021	0212445		
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizatio	on answered "Yes" on	
•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to		

## 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
(1)	MIDDLE EAST AND NORTH AFRICA	0.	0.	INVESTMENTS	ISRAEL BONDS	4,461,509.
_(1)_	MIDDLE EAST AND NORTH AFRICA	0.	0.	INVESIMENTS	ISRAEL BONDS	4,401,509.
(2)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS	INVESTMENTS	62,264,132.
(3)	EUROPE	0.	0.		INVESTMENTS	17,461,645.
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
<u>(</u> 14)						
(15)						
(16)						
(17)						
3a	Subtotal					84,187,286.
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					84,187,286.
For Pa	perwork Reduction Act Notice, see	e the Instruction	s for Form 990.		Schedule	F (Form 990) 2020

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

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

Part II								red "Yes" on	Form 990,
	Part IV, line 15, for any re	ecipient who receiv	ved more than \$5,000. F	Part II can be o	duplicated if addition	onal 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)									
	nter total number of recipient or empt 501(c)(3) organization by th								
3 E	nter total number of other organiz	ations or entities	· · · · · · · · · · · · · · · · · · ·				▶ <b>•</b>		

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#### Schedule F (Form 990) 2020

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

Schedule F (Form 990) 2020

JSA 0E1276 1.000

Schedu	ule F (Form 990) 2020			Page <b>4</b>
Part	V Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)		Yes	X 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? <i>If</i> "Yes," <i>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)</i>	X	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)	X	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	X No

Schedule F (Form 990) 2020

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### 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).

Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.       Inspection         Name of the organization       THE JEWISH FEDERATION OF GREATER       Employer identification number         WASHINGTON, INC.       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         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       X         Mail solicitations       e         b       X         X       Internet and email solicitations         f       X         Solicitation of government grants         g       X         Special fundraising events	No o be
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       X         Mail solicitations       e         b       X         Internet and email solicitations       f	
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       X       Mail solicitations       e       Solicitation of non-government grants         b       X       Internet and email solicitations       f       X       Solicitation of government grants	
1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       X       Mail solicitations       e       Solicitation of non-government grants         b       X       Internet and email solicitations       f       X       Solicitation of government grants	
a       X       Mail solicitations       e       Solicitation of non-government grants         b       X       Internet and email solicitations       f       X       Solicitation of government grants	
<b>b</b> $\overline{X}$ Internet and email solicitations <b>f</b> $\overline{X}$ Solicitation of government grants	
c 🖄 Phone solicitations g 🖄 Special fundraising events	
d X In-person solicitations	
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?	
<ul> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is compensated at least \$5,000 by the organization.</li> </ul>	
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) 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)	у)
Yes No	
1	
ATTACHMENT 1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
Total	)37.
Total       ▶ 108,752, 59,715, 49,         3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt	
registration or licensing.	TOIL
DC, MD, NY, VA,	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 0E1281 1.000

	edule G (Form 990 or 990-EZ) 2020				Page <b>2</b>
Pa	rt II Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gre	aising event contribut			
		(a) Event #1 CORNERSTONE	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ð		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1 Gross receipts	54,250.			54,250
Å	<ul><li>2 Less: Contributions</li><li>3 Gross income (line 1 minus line 2)</li></ul>	54,250.			54,250
	4 Cash prizes				
	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
:t Exp	7 Food and beverages				
Direc	8 Entertainment				
	9 Other direct expenses				
·	<ul> <li>10 Direct expense summary. Add line</li> <li>11 Net income summary. Subtract line</li> <li>rt III Gaming. Complete if the orgative \$15,000 on Form 990-EZ, line</li> </ul>	ne 10 from line 3, colu anization answered "	ımn (d)	<u></u>	reported more than
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ř	1 Gross revenue				
ses	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses	1		1	
	6 Volunteer labor	Yes %	Yes%	Yes%	
	7 Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8 Net gaming income summary. Su	btract line 7 from line	1, column (d)	<b>&gt;</b>	
9 a b	5	duct gaming activities	in each of these state	es?	Yes No
0a b	, , , , , , , , , , , , , , , , , , , ,		pended, or terminated d		

THE	JEWISH	FEDERATION	OF	GREATER

Sched	lule G (Form 990 or 990-EZ) 2020 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?       Yes       No         Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity       Image: Construction of the second secon
13	formed to administer charitable gaming?
a	The organization's facility 13a %
b 14	An outside facility <u>13b</u> % Enter the name and address of the person who prepares the organization's gaming/special events books and
14	records:
	Name
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	revenue?Yes No If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party ► \$
С	
	Name
	Address ►
16	Gaming manager information:
	Name
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	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 <b>&gt;</b> \$
Par	
- T dT	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2020

53-0212445

ATTACHMENT 1

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

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
RUFFALO NOEL LEVITZ, LLC	TELEPHONE CALLS	X	108,752.	59,715.	49,037.
1025 KIRKWOOD BOULEVARD. SW CEDAR RAPIDS IA 52404					

(Form 990) Go	Dete if the or Go TION OF G	nts, and Ir ganization ans ► Ar to www.irs.gov REATER	Assistance to Individuals in wered "Yes" on F ttach to Form 990 /Form990 for the I	n the United orm 990, Part IV,	d States line 21 or 22.					
<ol> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> <li>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,</li> </ol>										
Part IV, line 21, for any recipient the <b>1</b> (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	,000. Part II can t (d) Amount of cash grant	(e) Amount of non- cash assistance	dditional space is r (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
<pre>(1) 70 FACES MEDIA 5280 8TH AVE., 4TH FL NEW YORK, NY 10018 (2) ADAS ISRAEL CONGREGATION</pre>	13-0887610	501 C 3	10,000.				SEE PART IV, TYPE D			
2850 QUEBEC ST, NW WASHINGTON, DC 20008 (3) AGUDAS ACHIM CONGREGATION 2908 VALLEY DR ALEXANDRIA, VA 22302-2428 (4) AMERICAN UNIVERSITY - HILLEL KAY SPIRITUAL	53-0196563 54-0581100	501 C 3	13,818.				SEE PART IV, TYPE D SEE PART IV, TYPE D			
4400 MASSACHUSETTS AVE WASHINGTON, DC 20016 (5) AVODAH 125 MAIDEN LN RM 8B NEW YORK, NY 10038	52-6066696 13-3914342	501 C 3	23,983.				SEE PART IV, TYPE E SEE PART IV, TYPE D			
<pre>(6) BBYO 800 EIGHTH ST, NW WASHINGTON, DC 20001 (7) BENDER JEWISH COMMUNITY CTR - GR WASHINGTON</pre>	31-1794932	501 C 3	41,709.				SEE PART IV, TYPE D			
6125 MONTROSE RD ROCKVILLE, MD 20852 (8) BIKUR CHOLIM OF GREATER WASHINGTON 12320 PARKLAWN DR ROCKVILLE, MD 20852	53-0205921 52-2026976?	501 C 3	1,161,731.				SEE PART IV, TYPE D SEE PART IV, TYPE D			
(9) B'NAI B'RITH PERLMAN CAMP 11820 PARKLAWN DR. #380 ROCKVILLE, MD 20852 (10) BNAI ISRAEL CONGREGATION	27-2025066	501 C 3	8,999.				SEE PART IV, TYPE D			
6301 MONTROSE RD. ROCKVILLE, MD 20852 (11) B'NAI SHALOM OF OLNEY 18401 BURTFIELD DR OLNEY, MD 20832 (12) CAMP AIRY AND CAMP LOUISE FOUNDATION INC.	53-0212444 52-0981756	501 C 3	9,228.				SEE PART IV, TYPE D SEE PART IV, TYPE D			
<ul> <li>(12) CAMP ALRY AND CAMP LOUISE FOUNDATION INC.</li> <li>5750 PARK HTS AVE. #306 BALTIMORE, MD 21215</li> <li>2 Enter total number of section 501(c)(3) and a Enter total number of other organizations list</li> </ul>	government o	0					SEE PART IV, TYPE D			

			Assistance t	-	-		OMB No. 1545-0047
(Form 990) Go	vernmei	nts, and Ir	ndividuals in	n the United	d States		2020
Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury		► A	ttach to Form 990				Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information			Inspection
Name of the organization THE JEWISH FEDERA	TION OF G	REATER				Employer identificat	ion number
WASHINGTON, INC.						53-021244	15
Part I General Information on Grants and	d Assistanc	e					
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> </ol>	s or assistand dures for mor	e? hitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D		-					es" on Form 990,
Part IV, line 21, for any recipient th	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.	-
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CAMP RAMAH IN NEW ENGLAND							
1206 BOSTON POST HIGHWAY NORWOOD, MA 02062	04-3035964	501 C 3	45,050.				SEE PART IV, TYPE D
(2) CAMP STONE							
2437 SOUTH GREEN ROAD BEACHWWOD, OH 44122	34-0897622	501 C 3	5,849.				SEE PART IV, TYPE D
(3) CAPITAL CAMPS AND RETREAT CENTER (CCRC)							
11300 ROCKVILLE PIKE ROCKVILLE, MD 20852	52-1515202	501 C 3	673,584.				SEE PART IV, TYPE D
(4) CHABAD LUBAVITCH OF ALEXANDRIA							
1307 NORTH HIGHLAND ST ARLINGTON, VA 22201	22-3846883	501 C 3	14,000.				SEE PART IV, TYPE D
(5) CHABAD SHUL OF POTOMAC							
11701 GAINSBOROUGH ROAD POTOMAC, MD 20854	7-1172339	501 C 3	25,000.				SEE PART IV, TYPE D
(6) CHARLES E SMITH JEWISH DAY SCHOOL							
1901 E JEFFERSON ST ROCKVILLE, MD 20852	52-0961920	501 C 3	420,215.				SEE PART IV, TYPE E
(7) DEN COLLECTIVE							
8215 OLD GEORGETOWN ROAD BETHESDA, MD 20814	81-2724200	501 C 3	50,000.				SEE PART IV, TYPE D
(8) EDLAVITCH WASHINGTON DC JEWISH COMMUNITY							
1529 16TH ST NW WASHINGTON, DC 20036	52-1398151	501 C 3	846,932.				SEE PART IV, TYPE D
(9) FRIENDS OF ISRAEL SCOUTS INC - TZOFIM							
575 8TH AVE, 11TH FL NEW YORK, NY 10018	13-3843506	501 C 3	5,224.				SEE PART IV, TYPE D
(10) GATHER, INC							
1817 M ST NW WASHINGTON, DC 20036	81-2318776	501 C 3	160,000.				SEE PART IV, TYPE D
(11) GEORGE MASON UNIVERSITY - HILLEL							
4400 UNIVERSITY BLVD FAIRFAX, VA 22030	52-2232458	501 C 3	23,983.				SEE PART IV, TYPE E
(12) GESHER JEWISH DAY SCHOOL							
4700 SHIRLEY GATE RD FAIRFAX, VA 22030	54-1201968	501 C 3	117,166.				SEE PART IV, TYPE E
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ble			

(Form 990) GC	overnme	nts, and li rganization ans ►A	Assistance to ndividuals in swered "Yes" on F ttach to Form 990 (/Form990 for the I	n the United form 990, Part IV,	d States , line 21 or 22.		OMB No. 1545-0047
Name of the organization THE JEWISH FEDERA						Employer identificati	
WASHINGTON, INC.		JALEATER.				53-021244	
Part I General Information on Grants and	d Assistanc	<u>م</u>				55 02121	15
<ol> <li>Does the organization maintain records to such the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	ubstantiate th is or assistanc dures for mor omestic Or	ne amount of the ce? nitoring the use ganizations a	of grant funds in the	e United States. vernments. Com	plete if the organiz	ation answered "Y	X Yes No
Part IV, line 21, for any recipient th					additional space is r		(b) Durness of great
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	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(A) OPENERD WAGUINGEON TENTON COMMINIENT DEN							
(1) GREATER WASHINGTON JEWISH COMMUNITY FDN	52-6063787	E01 G 3	7,000.				
6101 EXECUTIVE BLV NORTH BETHESDA, MD 20852	52-6063787	501 C 3	7,000.				SEE PART IV, TYPE D
(2) HABERMAN INSTITUTE FOR JEWISH STUDIES 2200 BALTIMORE ST ROCKVILLE, MD 20851	13-3174628	501 C 3	20,000.				SEE PART IV, TYPE E
	13-3174028	501 C 5	20,000.				SEE PARI IV, IIPE E
(3) HABONIM DROR CAMP MOSHAVA 6101 EXECUTIVE BLV NORTH BETHESDA, MD 20852	52-6054091	501 C 3	8,676.				SEE PART IV, TYPE D
(4) HADAR	52 0054091	501 C 5	0,070.				SEE FART IV, TIPE D
190 AMSTERDAM AVE NEW YORK, NY 10023	26-4412164	501 C 3	16,000.				SEE PART IV, TYPE D
(5) HAND IN HAND							
P.O. BOX 80102 PORTLAND, OR 97280	93-1269590	501 C 3	15,000.				SEE PART IV, TYPE E
(6) HAR SHALOM CONGREGATION							
11510 FALLS ROAD POTOMAC, MD 20854	52-0824914	501 C 3	6,000.				SEE PART IV, TYPE D
(7) HEBREW FREE LOAN ASSOCIATION							
10421 MOTOR CITY DR BETHESDA, MD 20817	53-0227814	501 C 3	53,942.				SEE PART IV, TYPE D
(8) HILL HAVUR							
212 EAST CAPITOL ST SE WASHINGTON, DC 20003	81-0632513	501 C 3	35,000.				SEE PART IV, TYPE D
(9) HILLEL AT GEORGE WASHINGTON UNIVERSITY							
2101 F ST NW WASHINGTON, DC 20052	52-6081729	501 C 3	122,326.				SEE PART IV, TYPE E
(10) HILLEL AT THE UNIVERSITY OF VIRGINIA							
1824 UNIV. CIR CHARLOTTESVILLE, VA 22903	54-6061871	501 C 3	23,983.				SEE PART IV, TYPE E
(11) HILLEL THE FOUNDATION JEWISH CAMPUS LIFE							
800 EIGHTH ST, NW WASHINGTON, DC 20001-3724	52-1844823	501 C 3	25,000.				SEE PART IV, TYPE E
(12) HONEYMOON ISRAEL							
6070 WHITEGATE XING EAST AMHERST, NY 14051	47-1291052	501 C 3	125,000.				SEE PART IV, TYPE D
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ble			

(Form 990) Go	vernme	nts, and Ir	Assistance t ndividuals in swered "Yes" on F	n the United	d States		OMB No. 1545-0047
Department of the Treasury		-	ttach to Form 990				Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	1.		Inspection
Name of the organization THE JEWISH FEDERA'	TION OF G	REATER				Employer identification	
WASHINGTON, INC.						53-021244	15
Part I General Information on Grants and	Assistanc	e					
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grants</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand lures for mor	e? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to De Part IV, line 21, for any recipient th		-			•		es on Form 990,
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
					otilery		
(1) JEWISH COALITION AGAINST DOMESTIC ABUSE	-	501 0 0	40.510				
133 ROLLINS AVE, STE 3 ROCKVILLE, MD 20852	52-2259318	501 C 3	49,719.				SEE PART IV, TYPE D
(2) JEWISH COMMUNITY CENTER NORTHERN VIRGINIA		E01 G 3	275 207				
8900 LITTLE RIVER TPKE FAIRFAX, VA 20031 (3) JEWISH COMMUNITY RELATIONS COUNCIL (JCRC)	54-1145849	501 C 3	375,387.				SEE PART IV, TYPE D
6101 EXECUTIVE BLVD ROCKVILLE, MD 20852	52-0214465	501 C 3	573,013.				SEE PART IV, TYPE D
(4) JEWISH COUNCIL FOR THE AGING (JCA)	52 0211105	501 0 5	575,015.				
11820 PARKLAWN DR ROCKVILLE, MD 20852	52-0983740	501 C 3	274,884.				SEE PART IV, TYPE D
(5) JEWISH COUNCIL FOR PUBLIC AFFAIRS							
116 EAST 27TH ST,10TH FL NEW YORK, NY 10016	13-1624104	501 C 3	35,000.				SEE PART IV, TYPE D
(6) JEWISH FEDERATION OF NORTH AMERICA (JFNA)							
25 BROADWAY, STE 1700 NEW YORK, NY 10004	13-1624240	501 C 3	3,682,318.				SEE PART IV, TYPE D
(7) JEWISH FOUNDATION FOR GROUP HOMES							
1500 E JEFFERSON ST ROCKVILLE, MD 20852	52-1263608	501 C 3	185,104.				SEE PART IV, TYPE D
(8) JEWISH SOCIAL SERVICE AGENCY (JSSA)							
6123 MONTROSE RD ROCKVILLE, MD 20852	53-0196598	501 C 3	976,550.				SEE PART IV, TYPE D
(9) KEHILAT PARDES: THE ROCK CREEK SYNAGOGUE							
13300 ARCTIC AVE ROCKVILLE, MD 20853	82-3256103	501 C 3	9,750.				SEE PART IV, TYPE D
(10) KESHER ISRAEL CONGREGATION							
2801 N ST NW WASHINGTON, DC 20007	52-1316406	501 C 3	6,500.				SEE PART IV, TYPE D
(11) MELVIN J. BERMAN HEBREW ACADEMY							
13300 ARCTIC AVE ROCKVILLE, MD 20853	53-0208371	501 C 3	276,422.				SEE PART IV, TYPE E
(12) MESORAH INC.							
10717 MEADOWHILL RD SILVER SPRING, MD 20901	13-4251165	F01 G 3	10,000.				SEE PART IV, TYPE D

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Department of the leases         Decomposition         Instrume Revenues Service         Employer identification nur mane service         Employer identification nur S3 - 0212445           Name of 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?         Image: Signal Section Composition Section Composition Section Composition Section Sectin Sectin Section Section Section Section Section Sectin Section	0. 1545-0047
Name of the organization       THE JEWISH FEDERATION OF GREATER       Employer identification num       53-0212445         Partil       General Information on Grants and Assistance       S3-0212445         Partil       General Information on Grants and Assistance       Image: Signal	to Public
WASHINGTON, INC.       53-0212445         Part1       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?       Image: Complete Figure Complete Figu	spection
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?       Image: Comparization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and it is selection criteria used to award the grants or assistance?         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         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 growment       (b) EIN       (c) RC section (r applicable)       (d) Amount of com- (r applicable)       (g) Description of monicesh assistance (r applicable)       (h)         (1) MILTON GOTTESMAN JENISH DAY SCHOOL       (b) EIN       (c) IRC section (r applicable)       (d) Amount of cosh (r MY, eponesish, other, MY, eponesish, oth	nber
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?       Image: Comparization criteria used to award the grants or assistance?         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         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) EC       (c) Amount of cash assistance       (c) Amount of non-cash assistance       (c) Method of valuation or cash assistance       (c) Method of val	
the selection criteria used to award the grants or assistance?       X         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part IV the organization's procedures for monitoring the use of grant funds in the United States.         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       (b) EIN       (c) IRC section       (a) Amount of cesh grant address of organization of moncesh assistance       (b) Method of valuation of organization of moncesh assistance       (b) Method of valuation of moncesh assistance       (c) Method valuation of moncesh assistance <t< th=""><th></th></t<>	
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 (g) PRC section (g) applicable       (c) Amount of cosh grant       (e) Amount of non- cash assistance       (f) Method of valuation (g) Description of noncash assistance       (g) Description of noncash assistance       (h)         (1) MILTON GOTTESMAN JEWISH DAY SCHOOL       (e) EIN       (g) IRC section (g) Amount of cosh grant       (g) Amount of cosh grant       (g) Method of valuation cash assistance       (g) Description of noncash assistance       (h)         (1) MILTON GOTTESMAN JEWISH DAY SCHOOL       52-2115715       501 C 3       230,655.       501 C 3       501 C	
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)         (1) MILTON GOTTESMAN JENISH DAY SCHOOL 6045 16TH ST, NW WASHINGTON, DC 20011       52-2115715       501 C 3       230,655.       500 <td< th=""><th>,</th></td<>	,
6045 16TH ST, NW WASHINGTON, DC 20011         52-2115715         501 C 3         230,655.         SEE 1           (2) MOISHE HOUSE         441 SAXONY RD BARN 2 ENCINTAS, CA 92024         26-2599786         501 C 3         63,700.         SEE 1           (3) NATIONAL CONFERENCE SYNAGOGUE YOUTH         4001 CLARKS LANE BALTIMORE, MD 21215         13-5623717         501 C 3         5,224.         SEE 1           (4) NFTY MID ATLANTIC REGION         1         13-1663143         501 C 3         6,791.         SEE 1           (5) SHAARE TORAH INC         13-1663143         501 C 3         6,500.         SEE 1           1409 MAIN ST GAITHERSBURG, MD 20878         52-1960913         501 C 3         6,500.         SEE 1           13300 ARCTIC AVE ROCKVILLE, MD 20853         52-2105076         501 C 3         25,000.         SEE 1           (7) SUNFLOWER BAKERY INC         5951 HALPINE RD ROCKVILLE, MD 20851         26-2797556         501 C 3         25,000.         SEE 1           (8) TEMPLE MICAH         976 BOKEN HILL RD EAST DORSET, VT 05253         23-2409730         501 C 3         8,677.         SEE 1           (9) TEMPLE RODEF SHALOM         54-0733866         501 C 3         8,677.         SEE 1	Purpose of grant or assistance
6045 16TH ST, NW WASHINGTON, DC 20011         52-2115715         501 C 3         230,655.         SEE 1           (2) MOISHE HOUSE         441 SAXONY RD BARN 2 ENCINTAS, CA 92024         26-2599786         501 C 3         63,700.         SEE 1           (3) NATIONAL CONFERENCE SYNAGOGUE YOUTH         4001 CLARKS LANE BALTIMORE, MD 21215         13-5623717         501 C 3         5,224.         SEE 1           (4) NFTY MID ATLANTIC REGION         1         13-1663143         501 C 3         6,791.         SEE 1           (5) SHAARE TORAH INC         13-1663143         501 C 3         6,500.         SEE 1           1409 MAIN ST GAITHERSBURG, MD 20878         52-1960913         501 C 3         6,500.         SEE 1           13300 ARCTIC AVE ROCKVILLE, MD 20853         52-2105076         501 C 3         25,000.         SEE 1           (7) SUNFLOWER BAKERY INC         5951 HALPINE RD ROCKVILLE, MD 20851         26-2797556         501 C 3         25,000.         SEE 1           (8) TEMPLE MICAH         976 BOKEN HILL RD EAST DORSET, VT 05253         23-2409730         501 C 3         8,677.         SEE 1           (9) TEMPLE RODEF SHALOM         54-0733866         501 C 3         8,677.         SEE 1	
(2) MOISHE HOUSE       26-2599786       501 C 3       63,700.       SEE 1         (3) NATIONAL CONFERENCE SYNAGOGUE YOUTH       4001 CLARKS LANE BALTIMORE, MD 21215       13-5623717       501 C 3       5,224.       SEE 1         (4) NFTY MID ATLANTIC REGION       13-1663143       501 C 3       6,791.       SEE 1         (5) SHAARE TORAH INC       13-1663143       501 C 3       6,791.       SEE 1         (6) SULAM       1409 MAIN ST GAITHERSBURG, MD 20878       52-1960913       501 C 3       6,500.       SEE 1         (6) SULAM       13300 ARCTIC AVE ROCKVILLE, MD 20853       52-2105076       501 C 3       25,000.       SEE 1         (7) SUNFLOWER BAKERY INC       26-2797556       501 C 3       25,000.       SEE 1         (8) TEMPLE MICAH       976 BOXEN HILL RD 20851       26-2797556       501 C 3       60,000.       SEE 1         (9) TEMPLE RODEF SHALOM       2100 WESTMORELAND ST FALLS CHURCH, VA 22043       54-0733866       501 C 3       8,677.       SEE 1	PART IV, TYPE E
441 SAXONY RD BARN 2 ENCINTAS, CA 92024       26-2599786       501 C 3       63,700.       SEE 1         (3) NATIONAL CONFERENCE SYNAGOGUE YOUTH       13-5623717       501 C 3       5,224.       SEE 1         4001 CLARKS LANE BALTIMORE, MD 21215       13-5623717       501 C 3       5,224.       SEE 1         (4) NFTY MID ATLANTIC REGION       13-1663143       501 C 3       6,791.       SEE 1         (5) SHAARE TORAH INC       13-1663143       501 C 3       6,500.       SEE 1         1409 MAIN ST GAITHERSBURG, MD 20878       52-1960913       501 C 3       6,500.       SEE 1         (6) SULAM       13300 ARCTIC AVE ROCKVILLE, MD 20853       52-2105076       501 C 3       25,000.       SEE 1         (7) SUNFLOWER BAKERY INC       26-2797556       501 C 3       25,000.       SEE 1         (8) TEMPLE RD ROCKVILLE, MD 20851       26-2797556       501 C 3       60,000.       SEE 1         976 BOWEN HILL RD EAST DORSET, VT 05253       23-2409730       501 C 3       60,000.       SEE 1         (9) TEMPLE RODEF SHALOM       13-0733866       501 C 3       8,677.       SEE 1         (10) THE ASSOC JEWISH COMMUN FED OF BALTIMORE       54-0733866       501 C 3       8,677.       SEE 1	
(3) NATIONAL CONFERENCE SYNAGOGUE YOUTH	PART IV, TYPE D
4001 CLARKS LANE BALTIMORE, MD 21215       13-5623717       501 C 3       5,224.       SEE 1         (4) NFTY MID ATLANTIC REGION       1	
1 WEST 4TH ST NEW YORK, NY 10012       13-1663143       501 C 3       6,791.       SEE 1         (5) SHAARE TORAH INC       1409 MAIN ST GAITHERSBURG, MD 20878       52-1960913       501 C 3       6,500.       SEE 1         (6) SULAM       13300 ARCTIC AVE ROCKVILLE, MD 20853       52-2105076       501 C 3       25,000.       SEE 1         (7) SUNFLOWER BAKERY INC       5951 HALPINE RD ROCKVILLE, MD 20851       26-2797556       501 C 3       25,000.       SEE 1         (8) TEMPLE MICAH	PART IV, TYPE D
1 WEST 4TH ST NEW YORK, NY 10012       13-1663143       501 C 3       6,791.       SEE 1         (5) SHAARE TORAH INC       1409 MAIN ST GAITHERSBURG, MD 20878       52-1960913       501 C 3       6,500.       SEE 1         (6) SULAM       13300 ARCTIC AVE ROCKVILLE, MD 20853       52-2105076       501 C 3       25,000.       SEE 1         (7) SUNFLOWER BAKERY INC       5951 HALPINE RD ROCKVILLE, MD 20851       26-2797556       501 C 3       25,000.       SEE 1         (8) TEMPLE MICAH	
1409 MAIN ST GAITHERSBURG, MD 20878       52-1960913       501 C 3       6,500.       SEE 1         (6) SULAM       13300 ARCTIC AVE ROCKVILLE, MD 20853       52-2105076       501 C 3       25,000.       SEE 1         (7) SUNFLOWER BAKERY INC       5951 HALPINE RD ROCKVILLE, MD 20851       26-2797556       501 C 3       25,000.       SEE 1         (8) TEMPLE MICAH       976 BOWEN HILL RD EAST DORSET, VT 05253       23-2409730       501 C 3       60,000.       SEE 1         (9) TEMPLE RODEF SHALOM       54-0733866       501 C 3       8,677.       SEE 1         (10) THE ASSOC JEWISH COMMUN FED OF BALTIMORE       54-0733866       501 C 3       8,677.       SEE 1	PART IV, TYPE D
1409 MAIN ST GAITHERSBURG, MD 20878       52-1960913       501 C 3       6,500.       SEE 1         (6) SULAM       13300 ARCTIC AVE ROCKVILLE, MD 20853       52-2105076       501 C 3       25,000.       SEE 1         (7) SUNFLOWER BAKERY INC       5951 HALPINE RD ROCKVILLE, MD 20851       26-2797556       501 C 3       25,000.       SEE 1         (8) TEMPLE MICAH       976 BOWEN HILL RD EAST DORSET, VT 05253       23-2409730       501 C 3       60,000.       SEE 1         (9) TEMPLE RODEF SHALOM       54-0733866       501 C 3       8,677.       SEE 1         (10) THE ASSOC JEWISH COMMUN FED OF BALTIMORE       54-0733866       501 C 3       8,677.       SEE 1	
13300 ARCTIC AVE ROCKVILLE, MD 20853       52-2105076       501 C 3       25,000.       SEE 10         (7) SUNFLOWER BAKERY INC       26-2797556       501 C 3       25,000.       SEE 10         5951 HALPINE RD ROCKVILLE, MD 20851       26-2797556       501 C 3       25,000.       SEE 10         (8) TEMPLE MICAH       23-2409730       501 C 3       60,000.       SEE 10         976 BOWEN HILL RD EAST DORSET, VT 05253       23-2409730       501 C 3       60,000.       SEE 10         (9) TEMPLE RODEF SHALOM       2100 WESTMORELAND ST FALLS CHURCH, VA 22043       54-0733866       501 C 3       8,677.       SEE 10         (10) THE ASSOC JEWISH COMMUN FED OF BALTIMORE       Image: comparison of the second	PART IV, TYPE D
13300 ARCTIC AVE ROCKVILLE, MD 20853       52-2105076       501 C 3       25,000.       SEE 10         (7) SUNFLOWER BAKERY INC       26-2797556       501 C 3       25,000.       SEE 10         5951 HALPINE RD ROCKVILLE, MD 20851       26-2797556       501 C 3       25,000.       SEE 10         (8) TEMPLE MICAH       23-2409730       501 C 3       60,000.       SEE 10         976 BOWEN HILL RD EAST DORSET, VT 05253       23-2409730       501 C 3       60,000.       SEE 10         (9) TEMPLE RODEF SHALOM       2100 WESTMORELAND ST FALLS CHURCH, VA 22043       54-0733866       501 C 3       8,677.       SEE 10         (10) THE ASSOC JEWISH COMMUN FED OF BALTIMORE       Image: comparison of the second	
5951 HALPINE RD ROCKVILLE, MD 20851       26-2797556       501 C 3       25,000.       SEE 1         (8) TEMPLE MICAH       976 BOWEN HILL RD EAST DORSET, VT 05253       23-2409730       501 C 3       60,000.       SEE 1         (9) TEMPLE RODEF SHALOM       2100 WESTMORELAND ST FALLS CHURCH, VA 22043       54-0733866       501 C 3       8,677.       SEE 1         (10) THE ASSOC JEWISH COMMUN FED OF BALTIMORE       54-0733866       501 C 3       8,677.       SEE 1	PART IV, TYPE E
(8) TEMPLE MICAH       23-2409730       501 C 3       60,000.       SEE 1         976 BOWEN HILL RD EAST DORSET, VT 05253       23-2409730       501 C 3       60,000.       SEE 1         (9) TEMPLE RODEF SHALOM       2100 WESTMORELAND ST FALLS CHURCH, VA 22043       54-0733866       501 C 3       8,677.       SEE 1         (10) THE ASSOC JEWISH COMMUN FED OF BALTIMORE       Image: Communication of the second	
976 BOWEN HILL RD EAST DORSET, VT 05253       23-2409730       501 C 3       60,000.       SEE 1         (9) TEMPLE RODEF SHALOM       2100 WESTMORELAND ST FALLS CHURCH, VA 22043       54-0733866       501 C 3       8,677.       SEE 1         (10) THE ASSOC JEWISH COMMUN FED OF BALTIMORE       Image: Community of the communi	PART IV, TYPE D
(9) TEMPLE RODEF SHALOM       54-0733866       501 C 3       8,677.       SEE 1         2100 WESTMORELAND ST FALLS CHURCH, VA 22043       54-0733866       501 C 3       8,677.       SEE 1         (10) THE ASSOC JEWISH COMMUN FED OF BALTIMORE       54-0733866       501 C 3       8,677.       SEE 1	
2100 WESTMORELAND ST FALLS CHURCH, VA 22043       54-0733866       501 C 3       8,677.       SEE 1         (10) THE ASSOC JEWISH COMMUN FED OF BALTIMORE	PART IV, TYPE D
(10) THE ASSOC JEWISH COMMUN FED OF BALTIMORE	
	PART IV, TYPE D
101 WEST MOUNT ROYAL AV BALTIMORE, MD 21201 52-0607957 501 C 3 10,000.	
	PART IV, TYPE D
(11) THE JCC ASSOCIATION OF NORTH AMERICA	
520 8TH AVE 4TH FL NEW YORK, NY 10018         13-5599486         501 C 3         18,000.         SEE 1	PART IV, TYPE D
(12) THE SHABBAT PROJECT INC.	
79 MADISON AVE FL 2 NEW YORK, NY 10016 46-4715368 501 C 3 70,000.	PART IV, TYPE D
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	

(Form 990) Go	overnme	nts, and Ir rganization ans ►A	Assistance f Idividuals in wered "Yes" on F ttach to Form 990	n the United form 990, Part IV,	d States line 21 or 22.		OMB No. 1545-0047
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the l	atest information			Inspection
Name of the organization THE JEWISH FEDERA	TION OF G	GREATER				Employer identificat	ion number
WASHINGTON, INC.						53-021244	15
Part I General Information on Grants and	d Assistanc	е					
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand dures for mor	ce? nitoring the use	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	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) TORAH SCHOOL OF GREATER WASHINGTON							
2010 LINDEN LANE SILVER SPRING, MD 20910	52-1874788	501 C 3	181,227.				SEE PART IV, TYPE E
(2) TZEDEK DC, INC.	52 10/1/00	501 0 5	101,227.				
4340 CONNECTICUT AV NW WASHINGTON, DC 20008	81-2208907	501 C 3	25,000.				SEE PART IV, TYPE D
(3) UNITED SYNAGOGUE YOUTH SEABOARD REGION							
2200 BALTIMORE ROAD ROCKVILLE, MD 20851	13-1659707	501 C 3	6,791.				SEE PART IV, TYPE D
(4) UNIV OF MARYLAND HILLEL FDN JEWISH CAMPUS							
7612 MOWATT LANE COLLEGE PARK, MD 20740	52-0749507	501 C 3	54,507.				SEE PART IV, TYPE E
(5) VIRGINIA TECH - HILLEL							
P. O. BOX 708 BLACKSBURG, VA 24063	90-0406012	501 C 3	23,983.				SEE PART IV, TYPE E
(6) YESHIVA OF GREATER WASHINGTON							
2010 LINDEN LANE SILVER SPRING, MD 20910	52-1106842	501 C 3	140,266.				SEE PART IV, TYPE E
(7) A WIDER CIRCLE							
1035 KENSINGTON PARKWY KENSINGTON, MD 20895	52-2345144	501 C 3	6,530.				SEE PART IV, TYPE A
(8) ADAS ISRAEL CONGREGATION							
2850 QUEBEC ST, NW WASHINGTON, DC 20008	53-0196563	501 C 3	45,650.				SEE PART IV, TYPE B
(9) ADAT SHALOM RECONSTRUCTIONIST CONGREGATION							
7727 PERSIMMON TREE LANE BETHESDA, MD 20817	52-1763027	501 C 3	5,168.				SEE PART IV, TYPE A
(10) ADMIRALS COVE FOUNDATION							
200 ADMIRALS COVE BLVD JUPITER, FL 33477	59-3786373	501 C 3	15,000.				SEE PART IV, TYPE A
(11) AISH HATORAH/THE JERUSALEM FUND							
915 CLIFTON AVE, STE 4 CLIFTON, NJ 07013	20-0092051	501 C 3	15,000.				SEE PART IV, TYPE B
(12) ALEXANDER MUSS INSTITUTE							
78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	59-0173782	501 C 3	7,249.				SEE PART IV, TYPE B
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations list	ted in the line	a 1 table					

(Form 990) Go	vernme	nts, and Ir	Assistance t ndividuals in swered "Yes" on F	n the United	d States		омв no. 1545-0047 20 <b>20</b>
		-	ttach to Form 990		, IIIIe 21 01 22.		Open to Public
Department of the Treasury Internal Revenue Service	► Go	-	/Form990 for the I		1.		Inspection
Name of the organization THE JEWISH FEDERA						Employer identificat	ion number
WASHINGTON, INC.						53-021244	15
Part I General Information on Grants and	d Assistanc	e					
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand lures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.	
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN BREAST CANCER FOUNDATION							
10400 LI'L PATUXENT PKWY COLUMBIA, MD 21044	52-2031814	501 C 3	10,000.				SEE PART IV, TYPE A
(2) AMERICAN COMMITTEE FOR THE TEL AVIV FDN							
1201 BROADWAY, STE 611 NEW YORK, NY 10001	13-3145161	501 C 3	150,000.				SEE PART IV, TYPE A
(3) AMERICAN FRIENDS OF MAGEN DAVID ADOM							
4371 NORTHLAKE BLV PALM BCH GRDNS, FL 33410	13-1790719	501 C 3	32,030.				SEE PART IV, TYPE A
(4) AMERICAN FRIENDS OF SUNRISE ISRAEL							
15 NEIL COURT OCEANSIDE, NY 11572	46-5555854	501 C 3	17,000.				SEE PART IV, TYPE (
(5) AMERICAN FRIENDS OF THE ISRAEL MUSEUM							
545 FIFTH AVE ROOM 920 NEW YORK, NY 10017	23-7182582	501 C 3	55,989.				SEE PART IV, TYPE C
(6) AMERICAN ISRAEL EDUCATION FOUNDATION							
251 H ST, N.W. WASHINGTON, DC 20001	52-1623781	501 C 3	88,500.				SEE PART IV, TYPE A
(7) AMERICAN JEWISH COMMITTEE							
1156 15TH ST, NW #1201 WASHINGTON, DC 20005	13-5563393	501 C 3	27,122.				SEE PART IV, TYPE E
(8) AMERICAN JEWISH WORLD SERVICE, INC							
45 W. 36TH ST, STE 11 NEW YORK, NY 10018	22-2584370	501 C 3	7,180.				SEE PART IV, TYPE A
(9) AMERICAN TECHNION SOCIETY							
55 E 59TH ST, 14TH FL NEW YORK, NY 10022	13-0434195	501 C 3	6,000.				SEE PART IV, TYPE A
(10) ANTI DEFAMATION LEAGUE							
605 THIRD AVE NEW YORK, NY 10158	13-1818723	501 C 3	14,159.				SEE PART IV, TYPE E
(11) ARTISTS 4 ISRAEL							
1060 S COCHRAN AVE LOS ANGELES, CA 90019	80-0415734	501 C 3	10,000.				SEE PART IV, TYPE A
(12) AVODAH							
	1	501 C 3	15,500.	1		1	SEE PART IV, TYPE E

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			Assistance t	<b>U</b>	•	-	OMB No. 1545-0047
		,	ndividuals i				2020
Com	plete if the or	-	wered "Yes" on F		, line 21 or 22.		Open to Public
Department of the Treasury	<b>b</b> 0-		ttach to Form 990				Inspection
			/Form990 for the I	atest information	).	Energiever identifies	
Name of the organization THE JEWISH FEDERA	ATION OF G	REATER				Employer identifica	
WASHINGTON, INC.	d Assistance					53-02124	45
Part I General Information on Grants an							
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> </ol>	ts or assistanc	e?				s or assistance, and	X Yes No
Part II Grants and Other Assistance to I	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BBYO							
800 EIGHTH ST, NW WASHINGTON, DC 20001	31-1794932	501 C 3	24,650.				SEE PART IV, TYPE B
(2) BENDER JCC OF GREATER WASHINGTON							
6125 MONTROSE RD ROCKVILLE, MD 20852	53-0205921	501 C 3	65,120.				SEE PART IV, TYPE B
(3) BETH SHOLOM CONGREGATION AND TALMUD TORAH							
11825 SEVEN LOCKS ROAD POTOMAC, MD 20854	53-0196574	501 C 3	128,539.				SEE PART IV, TYPE A
(4) BETH TORAH ADATH YESHURUN INC							
20350 NE 26TH AVE MIAMI, FL 33180	59-2750308	501 C 3	13,818.				SEE PART IV, TYPE B
(5) BETHESDA JEWISH CONGRERATION							
6601 BRADLEY BLVD BETHESDA, MD 20817-3042	52-0807847	501 C 3	9,010.				SEE PART IV, TYPE B
(6) BIKUR CHOLIM OF GREATER WASHINGTON							
12320 PARKLAWN DR ROCKVILLE, MD 20852	52-2026976?	501 C 3	10,487.				SEE PART IV, TYPE B
(7) BIRTHRIGHT ISRAEL FOUNDATION							
P.O. BOX 21615 NEW YORK, NY 10087	13-4092050	501 C 3	12,100.				SEE PART IV, TYPE B
(8) BNAI ISRAEL CONGREGATION							
6301 MONTROSE RD. ROCKVILLE, MD 20852	53-0212444	501 C 3	102,381.				SEE PART IV, TYPE B
(9) B'NAI SHALOM OF OLNEY							
18401 BURTFIELD DR OLNEY, MD 20832	52-0981756	501 C 3	21,247.				SEE PART IV, TYPE A
(10) B'NEI AKIVA OF THE US AND CANADA							
520 8TH AVE 15 FL NEW YORK, NY 10018-6507	13-3713762	501 C 3	7,400.				SEE PART IV, TYPE C
(11) BRAIN AND BEHAVIOR RESEARCH FOUNDATION							
747 THIRD AVE, 33RD FL NEW YORK, NY 10017	31-1020010	501 C 3	30,000.				SEE PART IV, TYPE A
(12) BRIDGING VOICE INC							
2132 84TH ST BROOKLYN, NY 11214-2599	83-3669089	501 C 3	100,000.				SEE PART IV, TYPE A
2 Enter total number of section 501(c)(3) and	government of	organizations lis	sted in the line 1 tab	ble			
3 Enter total number of other organizations list	ted in the line	1 table					

(Form 990) Go	Dete if the or Go TION OF G	nts, and Ir ganization ans ► Ar to www.irs.gov REATER	Assistance to Individuals in wered "Yes" on F ttach to Form 990 /Form990 for the I	n the United form 990, Part IV,	d States line 21 or 22.		
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	ubstantiate th s or assistanc lures for mor omestic Or	e amount of the e? itoring the use ganizations ar	of grant funds in the	e United States.	plete if the organiz	ation answered "Y	X Yes No
Part IV, line 21, for any recipient the <b>1</b> (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	,000. Part II can t (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) BRIGHT FACES 3023 NORTH CLARK ST CHICAGO, IL 60657 (2) CAMP JUDAEA	54-1639160	501 C 3	25,000.				SEE PART IV, TYPE A
2700 NE EXPRESSWAY, C-500 ATLANTA, GA 30345 (3) CAMP RAMAH IN NEW ENGLAND 1206 BOSTON POST HIGHWAY NORWOOD, MA 02062	58-6014651 04-3035964	501 C 3 501 C 3	19,000.				SEE PART IV, TYPE A
<pre>(4) CAMPAIGN FOR THE FAIR SENTENCING OF YOUTH     1319 F ST NW, STE 303 WASHINGTON, DC 20004 (5) CAPITAL AREA FOOD BANK</pre>	27-3761788	501 C 3	10,000.				SEE PART IV, TYPE A
4900 PUERTO RICO AV NE WASHINGTON, DC 20017 (6) CAPITAL CAMPS AND RETREAT CENTER 11300 ROCKVILLE PIKE ROCKVILLE, MD 20852	52-1167581	501 C 3	5,732.				SEE PART IV, TYPE B
(7) CENTER FOR CREATIVE CHANGE 4115 WISCONSIN AVE NW WASHINGTON, DC 20852	31-1801544	501 C 3	37,000.				SEE PART IV, TYPE A
(8) CENTRAL EUROPE CENTER FOR RESEARCH & DOC 1141 LOXFORD TER SILVER SPRING, MD 20901 (9) CHABAD OF ROCKVILLE	58-1970134	501 C 3	7,500.				SEE PART IV, TYPE A
6336 WINDERMERE CIRCLE ROCKVILLE, MD 20852 (10) CHABAD SHUL OF POTOMAC 11701 GAINSBOROUGH ROAD POTOMAC, MD 20854	83-2442024 41-2100349	501 C 3 501 C 3	8,800.				SEE PART IV, TYPE B
(11) CHARLES E. SMITH JEWISH DAY SCHOOL 1902 EAST JEFFERSON ST ROCKVILLE, MD 20852 (12) CHARLES E. SMITH LIFE COMMUNITIES	52-0961920	501 C 3	294,497.				SEE PART IV, TYPE B
		organizations lis			 • • • • • • • • • • • • • • • • •	••••••	SEE PART IV, TYPE B

(Form 990) Go	overnme	nts, and Ir rganization ans ► A	Assistance t Idividuals in wered "Yes" on F ttach to Form 990 /Form990 for the I	n the United form 990, Part IV	d States , line 21 or 22.		OMB No. 1545-0047
Name of the organization THE JEWISH FEDERA					•	Employer identificat	
WASHINGTON, INC.		JILEATEIN				53-021244	
Part I General Information on Grants and	d Assistanc	0				55 02121	
<ol> <li>Does the organization maintain records to such the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> <li>Part II Grants and Other Assistance to D</li> </ol>	ubstantiate th s or assistand dures for moi	ne amount of the ce? nitoring the use	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient th		-					cs on ronn 550,
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) CHILDREN'S NATIONAL MEDICAL CENTER							
111 MICHIGAN AVE, NW WASHINGTON, DC 20010	52-1640403	501 C 3	11,000.				SEE PART IV, TYPE B
(2) COLORECTAL CANCER ALLIANCE	52 1010103		11,000.				
1025 VERMONT AVE, NW WASHINGTON, DC 20005	86-0947831	501 C 3	10,000.				SEE PART IV, TYPE A
(3) CONGREGATION BETH EL OF MONTGOMERY COUNTY							
8215 OLD GEORGETOWN ROAD BETHESDA, MD 20814	52-0698176	501 C 3	20,140.				SEE PART IV, TYPE A
(4) CONGREGATION B'NAI TZEDEK							
10621 SOUTH GLEN ROAD POTOMAC, MD 20854	52-1619672	501 C 3	7,000.				SEE PART IV, TYPE A
(5) CONGREGATION HAR SHALOM							
11510 FALLS ROAD POTOMAC, MD 20854	52-0824914	501 C 3	26,140.				SEE PART IV, TYPE A
(6) CORNELL UNIVERSITY							
BUSINESS OFFICE - DAY HALL ITHACA, NY 14853	15-0532082	501 C 3	21,250.				SEE PART IV, TYPE B
(7) CRITTENTON SERVICES OF GREATER WASHINGTON							
815 SILVER SPRING A SILVER SPRING, MD 20910	53-0196511	501 C 3	12,500.				SEE PART IV, TYPE A
(8) DARTMOUTH COLLEGE							
6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501 C 3	25,000.				SEE PART IV, TYPE A
(9) EDLAVITCH DC JCC	_						
1529 16TH ST NW WASHINGTON, DC 20036-2505	52-1398151	501 C 3	167,132.				SEE PART IV, TYPE B
(10) ENDOWMENT FOR MIDDLE EAST TRUTH							
1146 19TH ST. NW WASHINGTON, DC 20036	20-4329740	501 C 3	26,250.				SEE PART IV, TYPE A
(11) FACIAL PAIN ASSOCIATION	_						
4600 SW 34TH ST GAINESVILLE, FL 32614	22-3071645	501 C 3	15,000.				SEE PART IV, TYPE A
(12) FEDERAL CITY COUNCIL	4						
1310 L ST NW, #325 WASHINGTON, DC 20005	53-0219643		20,800.				SEE PART IV, TYPE A
2 Enter total number of section 501(c)(3) and	-	-					
3 Enter total number of other organizations list	-	-					

			Assistance t	-	-		OMB No. 1545-0047
			ndividuals in				2020
Com	plete if the or	-	wered "Yes" on F		line 21 or 22.		Open to Public
Department of the Treasury			ttach to Form 990				Inspection
Internal Revenue Service		<u> </u>	/Form990 for the I	atest information		Employer identificat	
Name of the organization THE JEWISH FEDERA	TION OF G	REATER				53-021244	
WASHINGTON, INC.	d Accistone					53-021244	10
Part I General Information on Grants and							
<ol> <li>Does the organization maintain records to surplus the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proceed</li> </ol>	s or assistand	e?				s of assistance, and	X Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	rernments. Com	plete if the organiz	ation answered "Y	'es" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	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) FEEDING AMERICA							
35 EAST WACKER DR CHICAGO, IL 60601	36-3673599	501 C 3	15,150.				SEE PART IV, TYPE A
(2) FIDELITY CHARITABLE							
100 CROSBY PARKWAY COVINGTON, KY 41015-9325	11-0303001	501 C 3	56,755.				SEE PART IV, TYPE A
(3) FIRST SHIFT JUSTICE PROJECT							
1231 GOOD HOPE ROAD SE WASHINGTON, DC 20020	46-5477121	501 C 3	12,500.				SEE PART IV, TYPE A
(4) FIRST TEE OF GREATER WASHINGTON							
2020 PENNSYLVNIA AV NW WASHINGTON, DC 20006	52-2195691	501 C 3	8,500.				SEE PART IV, TYPE A
(5) FJC A FOUNDATION OF PHILANTHROPIC FUNDS							
31 WEST 34TH ST, #8026 NEW YORK, NY 10001	13-3848582	501 C 3	10,000.				SEE PART IV, TYPE A
(6) FOUNDATION FOR JEWISH CAMP, INC							
253 WEST 35TH ST, 4TH FL NEW YORK, NY 10001	22-3551013	501 C 3	19,250.				SEE PART IV, TYPE A
(7) FOUNDATION FOR THE DEFENSE OF DEMOCRACIES							
1726 M ST NW WASHINGTON, DC 20036	13-4174402	501 C 3	60,000.				SEE PART IV, TYPE B
(8) FREDERICK BOOK ARTS CENTER							
217 WEST PATRICK ST FREDERICK, MD 21701	82-3894693	501 C 3	50,000.				SEE PART IV, TYPE A
(9) FRIENDS OF THE ISRAELI DEFENSE FORCES							
60 E 42ND ST #1820 NEW YORK, NY 10165	13-3156445	501 C 3	13,000.				SEE PART IV, TYPE A
(10) FRIENDSHIP CIRCLE INC							
11621 SEVEN LOCKS ROAD POTOMAC, MD 20854	26-0817688	501 C 3	10,000.				SEE PART IV, TYPE A
(11) GAINESVILLE JEWISH STUDENT FOUNDATION	4						
2020 W UNIVERSITY AVE GAINESVILLE, FL 32603	65-1090524	501 C 3	6,000.				SEE PART IV, TYPE A
(12) GARDEN OF REMEMBRANCE	1						
14321 COMUS ROAD CLARKSBURG, MD 20871	52-2198248	501 C 3	14,000.				SEE PART IV, TYPE A
2 Enter total number of section 501(c)(3) and	government o	organizations lis	sted in the line 1 tak	ole			

Department of the Ireasury Internal Revenue Service       ► Go to www.irs.gov/F         Name of the organization       THE JEWISH FEDERATION OF GREATER         WASHINGTON, INC.       Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the general used to award the grants or assistance?         2       Describe in Part IV the organization's procedures for monitoring the use of Part II         Grants and Other Assistance to Domestic Organizations and Part IV, line 21, for any recipient that received more than \$5,0	ered "Yes" on F ach to Form 990 form990 for the la grants or assistan grant funds in the Domestic Gov	orm 990, Part IV, atest information nce, the grantees o United States. ernments. Com	line 21 or 22.	Employer identificati 53-021244 s or assistance, and ation answered "Y	5 X Yes No
Department of the Treasury Internal Revenue Service       > Go to www.irs.gov/F         Name of the organization       THE JEWISH FEDERATION OF GREATER         WASHINGTON, INC.       Part I General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the organization criteria used to award the grants or assistance?         2       Describe in Part IV the organization's procedures for monitoring the use of         Part II       Grants and Other Assistance to Domestic Organizations and Part IV, line 21, for any recipient that received more than \$5,0         1 (a) Name and address of organization or government       (b) EIN         (1) GARDENS JEWISH EXPERIENCE       (c) IRC section (if applicable)         (1) GARDENS JEWISH EXPERIENCE       (a) Genere Washington, Dc 20036         1817 M ST NW WASHINGTON, DC 20036       81-2318776         (3) GEORGE WASHINGTON UNIVERSITY HILLEL       714 21ST ST NW 2 FL WASHINGTON, DC 20037         (4) GEORGE WASHINGTON UNIVERSITY       52-6081729         300 WHITEHAVEN ST NW WASHINGTON, DC 20037       52-6081729         (5) GEORGETOWN UNIVERSITY       3300 WHITEHAVEN ST NW WASHINGTON, DC 20007         3300 WHITEHAVEN ST NW WASHINGTON, DC 20007       53-0196603       501 C 3         (4) GEORGE WASHINGTON UNIVERSITY       3300         3300 WHITEHAVEN ST NW WASHINGTON, DC 20007       53-0196603       501 C 3<	ach to Form 990 form990 for the la grants or assistant grant funds in the Domestic Gov 00. Part II can b (d) Amount of cash grant 6,000. 38,080.	atest information nce, the grantees United States. rernments. Com De duplicated if a (e) Amount of non-	eligibility for the grant plete if the organiz additional space is r	Employer identificati 53-021244 s or assistance, and ation answered "Y needed. (g) Description of	Open to Public Inspection on number .5 X Yes No es" on Form 990, (h) Purpose of grant or assistance SEE PART IV, TYPE A
Department of the Treasury       ► Go to www.irs.gov/F         Name of the organization       THE JEWISH FEDERATION OF GREATER         WASHINGTON, INC.       Part I General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the g the selection criteria used to award the grants or assistance?         2       Describe in Part IV the organization's procedures for monitoring the use of Part II Grants and Other Assistance to Domestic Organizations and Part IV, line 21, for any recipient that received more than \$5,0         1       (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)         (1)       GARDENS JEWISH EXPERIENCE       (b) EIN       (c) IRC section (if applicable)         (1)       GARDENS JEWISH EXPERIENCE       (b) EIN       (c) IRC section (if applicable)         (1)       GARDENS JEWISH EXPERIENCE       (c) IRC section (if applicable)       (d) George WASHINGTON, DC 20036       81-2318776       501 C 3         (2)       GATHERDC       3300 WHITEHAVEN ST NW WASHINGTON, DC 20037       52-6081729       501 C 3       (d) GEORGE WASHINGTON UNIVERSITY       3300 WHITEHAVEN ST NW WASHINGTON, DC 20007       53-0196603       501 C 3       (f) GREATER MIAMI JEWISH FEDERATION       4200 BISCAYNE BOULEVARD MIAMI, FL 33137       59-0624404       501 C 3       (f) GREATER MIAMI JEWISH FEDERATION       4200 BISCAYNE BOULEVARD MIAMI, FL 33137 </th <th>grants or assistant grants or assistant grant funds in the <b>Domestic Gov</b> 00. Part II can b (d) Amount of cash grant 6,000. 38,080.</th> <th>atest information nce, the grantees a United States. Ternments. Com the duplicated if a (e) Amount of non-</th> <th>eligibility for the grant plete if the organiz additional space is r</th> <th>Employer identificati 53-021244 s or assistance, and ation answered "Y needed. (g) Description of</th> <th>Inspection on number 5 X Yes No es" on Form 990, (h) Purpose of grant or assistance</th>	grants or assistant grants or assistant grant funds in the <b>Domestic Gov</b> 00. Part II can b (d) Amount of cash grant 6,000. 38,080.	atest information nce, the grantees a United States. Ternments. Com the duplicated if a (e) Amount of non-	eligibility for the grant plete if the organiz additional space is r	Employer identificati 53-021244 s or assistance, and ation answered "Y needed. (g) Description of	Inspection on number 5 X Yes No es" on Form 990, (h) Purpose of grant or assistance
Name of the organization       THE JEWISH FEDERATION OF GREATER         WASHINGTON, INC.         Part1       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the g the selection criteria used to award the grants or assistance?         2       Describe in Part IV the organization's procedures for monitoring the use of         Part11       Grants and Other Assistance to Domestic Organizations and Part IV, line 21, for any recipient that received more than \$5,0         1       (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)         (1) GARDENS JEWISH EXPERIENCE       (b) EIN       (c) IRC section (if applicable)         (1) GARDENS JEWISH EXPERIENCE       (b) EIN       (c) IRC section (if applicable)         (1) GARDENS JEWISH EXPERIENCE       (b) EIN       (c) IRC section (if applicable)         (1) GARDENS JEWISH MASHINGTON, DC 20036       81-2318776       501 c 3         (2) GATHERDC       (a) GEORGE WASHINGTON UNIVERSITY HILLEL       (b) EIN       (c) IC 3         (4) GEORGE WASHINGTON UNIVERSITY - HILLEL       (c) GEORGETOWN UNIVERSITY       (c) GEORGETOWN UNIVERSITY       (c) GEORGETOWN UNIVERSITY         300 WHITEHAVEN ST NW WASHINGTON, DC 20007       53-0196603       501 c 3       (c) GEORGETOWN UNIVERSITY         300 WHITEHAVEN ST NW WASHINGTON, DC 20007	grants or assistant grant funds in the Domestic Gov 00. Part II can b (d) Amount of cash grant 6,000. 38,080.	nce, the grantees United States. ernments. Com be duplicated if a (e) Amount of non-	eligibility for the grant plete if the organiz additional space is r	53-021244 s or assistance, and attion answered "Yneeded. (g) Description of	on number 5 X Yes No es" on Form 990, (h) Purpose of grant or assistance SEE PART IV, TYPE A
WASHINGTON, INC.         Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the general increte a selection criteria used to award the grants or assistance?         2       Describe in Part IV the organization's procedures for monitoring the use of Part II         Grants and Other Assistance to Domestic Organizations and Part IV, line 21, for any recipient that received more than \$5,0         1       (a) Name and address of organization or government         (b) EIN       (c) IRC section (if applicable)         (1) GARDENS JEWISH EXPERIENCE       (b) EIN         10800 N MILITARY TRI PLM BCH GDNS, FL 33410       35-2417359         (2) GATHERDC       (a) Amount and the grants of a section (if applicable)         1817 M ST NW WASHINGTON, DC 20036       81-2318776         11817 M ST NW WASHINGTON, DC 20036       81-2318776         (3) GEORGE WASHINGTON UNIVERSITY HILLEL       (a) GEORGE WASHINGTON UNIVERSITY - HILLEL         2300 H ST NW WASHINGTON, DC 20037       52-6081729       501 c 3         (5) GEORGETOWN UNIVERSITY       3300 WHITEHAVEN ST NW WASHINGTON, DC 20007       53-0196603       501 c 3         (6) GESHER SCHOOL INC.       4800 MATTIE MOORE COURT FAIRFAX, VA 22030       54-1201968       501 c 3         (7) GREATER MIAMI JEWISH FEDERATION       4200 BISCAYME BOULEVARD MIAMI, FL 33137 <t< th=""><th>grant funds in the Domestic Gov 00. Part II can b (d) Amount of cash grant 6,000. 38,080.</th><th>e United States. ernments. Com be duplicated if a (e) Amount of non-</th><th>plete if the organiz additional space is r (f) Method of valuation (book, FMV, appraisal.</th><th>53-021244 s or assistance, and attion answered "Yneeded. (g) Description of</th><th>X       Yes       No         es" on Form 990,       (h) Purpose of grant or assistance         see part IV, TYPE A</th></t<>	grant funds in the Domestic Gov 00. Part II can b (d) Amount of cash grant 6,000. 38,080.	e United States. ernments. Com be duplicated if a (e) Amount of non-	plete if the organiz additional space is r (f) Method of valuation (book, FMV, appraisal.	53-021244 s or assistance, and attion answered "Yneeded. (g) Description of	X       Yes       No         es" on Form 990,       (h) Purpose of grant or assistance         see part IV, TYPE A
Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the generation criteria used to award the grants or assistance?         2       Describe in Part IV the organization's procedures for monitoring the use of         Part II       Grants and Other Assistance to Domestic Organizations and Part IV, line 21, for any recipient that received more than \$5,0         1       (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)         (1)       GARDENS JEWISH EXPERIENCE       (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)         (1)       GARDENS JEWISH EXPERIENCE       (a) Recent PLM BCH GDNS, FL 33410       35-2417359       501 c 3         (2)       GATHERDC       (a) Recent PLM BCH GDNS, FL 33410       35-2417359       501 c 3         (3)       GEORGE WASHINGTON, DC 20036       81-2318776       501 c 3       (c) IRC section (if applicable)         714       21ST ST NW 2 FL WASHINGTON, DC 20052       53-0196584       501 c 3       (c) IRC section (c) Recent PLANT PLIEL         2300 H ST NW WASHINGTON, DC 20037       52-6081729       501 c 3       (c) GENER SCHOOL INC.       (c) GENER SCHOOL INC.       (c) GENER SCHOOL INC.       (c) GENER SCHOOL INC.       (c) GENER MIAMI JEWISH FEDERATION       (c) GENEATER MIAMI JEWISH FEDERATI	grant funds in the Domestic Gov 00. Part II can b (d) Amount of cash grant 6,000. 38,080.	e United States. ernments. Com be duplicated if a (e) Amount of non-	plete if the organiz additional space is r (f) Method of valuation (book, FMV, appraisal.	s or assistance, and ation answered "Y needed.	X Yes No es" on Form 990, (h) Purpose of grant or assistance SEE PART IV, TYPE A
1       Does the organization maintain records to substantiate the amount of the getter selection criteria used to award the grants or assistance?         2       Describe in Part IV the organization's procedures for monitoring the use of Part II         3       Grants and Other Assistance to Domestic Organizations and Part IV, line 21, for any recipient that received more than \$5,0         1       (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)         (1)       GARDENS JEWISH EXPERIENCE       (b) EIN       (c) IRC section (if applicable)         (1)       GARDENS JEWISH EXPERIENCE       (c) GARDENS JEWISH EXPERIENCE       (c) GARDENS JEWISH EXPERIENCE         10800 N MILITARY TRI PLM BCH GDNS, FL 33410       35-2417359       501 c 3       (c) GARDENS GEORGE WASHINGTON UNIVERSITY HILLEL         714 21ST ST NW 2 FL WASHINGTON, DC 20036       81-2318776       501 c 3       (d) GEORGE WASHINGTON UNIVERSITY - HILLEL       (d) GEORGE WASHINGTON UNIVERSITY - HILLEL       (d) GEORGE WASHINGTON UNIVERSITY - HILLEL       (f) GEORGETOWN UNIVERSITY       (f) GEORGETOWN UNIVERSITY       (f) GEORGETOWN UNIVERSITY         3300 WHITEHAVEN ST NW WASHINGTON, DC 20007       53-0196603       501 c 3       (f) GEARER MIAMI JEWISH FEDERATION         4800 MATTIE MOORE COURT FAIRFAX, VA 22030       54-1201968       501 c 3       (f) GREATER MIAMI JEWISH FEDERATION         4200 BISCAYNE BOULEVARD MIAMI, FL 33137       59-0624404<	grant funds in the Domestic Gov 00. Part II can b (d) Amount of cash grant 6,000. 38,080.	e United States. ernments. Com be duplicated if a (e) Amount of non-	plete if the organiz additional space is r (f) Method of valuation (book, FMV, appraisal.	ation answered "Y needed.	es" on Form 990, (h) Purpose of grant or assistance SEE PART IV, TYPE A
the selection criteria used to award the grants or assistance?	grant funds in the Domestic Gov 00. Part II can b (d) Amount of cash grant 6,000. 38,080.	e United States. ernments. Com be duplicated if a (e) Amount of non-	plete if the organiz additional space is r (f) Method of valuation (book, FMV, appraisal.	ation answered "Y needed.	es" on Form 990, (h) Purpose of grant or assistance SEE PART IV, TYPE A
Part IV, line 21, for any recipient that received more than \$5,01 (a) Name and address of organization or government(b) EIN(c) IRC section (if applicable)(1) GARDENS JEWISH EXPERIENCE 10800 N MILITARY TRI PLM BCH GDNS, FL 3341035-2417359501 c 3(2) GATHERDC 1817 M ST NW WASHINGTON, DC 2003681-2318776501 c 3(3) GEORGE WASHINGTON UNIVERSITY HILLEL 714 21ST ST NW 2 FL WASHINGTON, DC 2005253-0196584501 c 3(4) GEORGE WASHINGTON UNIVERSITY - HILLEL 2300 H ST NW WASHINGTON, DC 2003752-6081729501 c 3(5) GEORGETOWN UNIVERSITY 3300 WHITEHAVEN ST NW WASHINGTON, DC 2000753-0196603501 c 3(6) GESHER SCHOOL INC. 4800 MATTIE MOORE COURT FAIRFAX, VA 2203054-1201968501 c 3(7) GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BOULEVARD MIAMI, FL 3313759-0624404501 c 3(8) GREATER WASHINGTON COMMUNITY KOLLEL501 c 3501 c 3	00. Part II can b (d) Amount of cash grant 6,000. 38,080.	e duplicated if a	additional space is r (f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant or assistance SEE PART IV, TYPE A
1 (a) Name and address of organization or government(b) EIN(c) IRC section (if applicable)(1) GARDENS JEWISH EXPERIENCE 10800 N MILITARY TRI PLM BCH GDNS, FL 3341035-2417359501 C 3(2) GATHERDC 1817 M ST NW WASHINGTON, DC 2003681-2318776501 C 3(3) GEORGE WASHINGTON UNIVERSITY HILLEL 714 21ST ST NW 2 FL WASHINGTON, DC 2005253-0196584501 C 3(4) GEORGE WASHINGTON UNIVERSITY - HILLEL 2300 H ST NW WASHINGTON, DC 2003752-6081729501 C 3(5) GEORGETOWN UNIVERSITY 3300 WHITEHAVEN ST NW WASHINGTON, DC 2000753-0196603501 C 3(6) GESHER SCHOOL INC. 4800 MATTIE MOORE COURT FAIRFAX, VA 2203054-1201968501 C 3(7) GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BOULEVARD MIAMI, FL 3313759-0624404501 C 3(8) GREATER WASHINGTON COMMUNITY KOLLEL59-0624404501 C 3	(d) Amount of cash grant 6,000. 38,080.	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal.	(g) Description of	SEE PART IV, TYPE A
or government(if applicable)(1) GARDENS JEWISH EXPERIENCE35-241735910800 N MILITARY TRI PLM BCH GDNS, FL 3341035-2417359(2) GATHERDC35-24173591817 M ST NW WASHINGTON, DC 2003681-2318776501 C 3(3) GEORGE WASHINGTON UNIVERSITY HILLEL714 21ST ST NW 2 FL WASHINGTON, DC 2005253-0196584501 C 3(4) GEORGE WASHINGTON UNIVERSITY - HILLEL2300 H ST NW WASHINGTON, DC 2003752-6081729501 C 3(5) GEORGETOWN UNIVERSITY3300 WHITEHAVEN ST NW WASHINGTON, DC 2000753-0196603501 C 3(6) GESHER SCHOOL INC.4800 MATTIE MOORE COURT FAIRFAX, VA 2203054-1201968501 C 3(7) GREATER MIAMI JEWISH FEDERATION4200 BISCAYNE BOULEVARD MIAMI, FL 3313759-0624404501 C 3(8) GREATER WASHINGTON COMMUNITY KOLLEL	grant 6,000. 38,080.		(book, FMV, appraisal,	(g) Description of noncash assistance	SEE PART IV, TYPE A
10800 N MILITARY TRI PLM BCH GDNS, FL 33410       35-2417359       501 C 3         (2) GATHERDC       81-2318776       501 C 3         1817 M ST NW WASHINGTON, DC 20036       81-2318776       501 C 3         (3) GEORGE WASHINGTON UNIVERSITY HILLEL       714 21ST ST NW 2 FL WASHINGTON, DC 20052       53-0196584       501 C 3         (4) GEORGE WASHINGTON UNIVERSITY - HILLEL       714 21ST ST NW 2 FL WASHINGTON, DC 20037       52-6081729       501 C 3         (5) GEORGETOWN UNIVERSITY       9501 C 3       52-6081729       501 C 3         (5) GEORGETOWN UNIVERSITY       3300 WHITEHAVEN ST NW WASHINGTON, DC 20007       53-0196603       501 C 3         (6) GESHER SCHOOL INC.       4800 MATTIE MOORE COURT FAIRFAX, VA 22030       54-1201968       501 C 3         (7) GREATER MIAMI JEWISH FEDERATION       4200 BISCAYNE BOULEVARD MIAMI, FL 33137       59-0624404       501 C 3         (8) GREATER WASHINGTON COMMUNITY KOLLEL       501 C 3       501 C 3       501 C 3	38,080.				
10800 N MILITARY TRI PLM BCH GDNS, FL 33410       35-2417359       501 C 3         (2) GATHERDC       81-2318776       501 C 3         1817 M ST NW WASHINGTON, DC 20036       81-2318776       501 C 3         (3) GEORGE WASHINGTON UNIVERSITY HILLEL       714 21ST ST NW 2 FL WASHINGTON, DC 20052       53-0196584       501 C 3         (4) GEORGE WASHINGTON UNIVERSITY - HILLEL       2300 H ST NW WASHINGTON, DC 20037       52-6081729       501 C 3         (5) GEORGETOWN UNIVERSITY       3300 WHITEHAVEN ST NW WASHINGTON, DC 20007       53-0196603       501 C 3         (6) GESHER SCHOOL INC.       4800 MATTIE MOORE COURT FAIRFAX, VA 22030       54-1201968       501 C 3         (7) GREATER MIAMI JEWISH FEDERATION       4200 BISCAYNE BOULEVARD MIAMI, FL 33137       59-0624404       501 C 3         (8) GREATER WASHINGTON COMMUNITY KOLLEL       501 C 3       501 C 3       501 C 3	38,080.				
(2) GATHERDC1817 M ST NW WASHINGTON, DC 2003681-2318776501 C 3(3) GEORGE WASHINGTON UNIVERSITY HILLEL714 21ST ST NW 2 FL WASHINGTON, DC 20052714 21ST ST NW 2 FL WASHINGTON, DC 2005253-0196584501 C 3(4) GEORGE WASHINGTON UNIVERSITY - HILLEL2300 H ST NW WASHINGTON, DC 2003752-6081729501 C 3(5) GEORGETOWN UNIVERSITY3300 WHITEHAVEN ST NW WASHINGTON, DC 2000753-0196603501 C 3(6) GESHER SCHOOL INC.4800 MATTIE MOORE COURT FAIRFAX, VA 2203054-1201968501 C 3(7) GREATER MIAMI JEWISH FEDERATION4200 BISCAYNE BOULEVARD MIAMI, FL 3313759-0624404501 C 3(8) GREATER WASHINGTON COMMUNITY KOLLEL	38,080.				
1817 M ST NW WASHINGTON, DC 2003681-2318776501 C 3(3) GEORGE WASHINGTON UNIVERSITY HILLEL714 21ST ST NW 2 FL WASHINGTON, DC 2005253-0196584501 C 3(4) GEORGE WASHINGTON UNIVERSITY - HILLEL2300 H ST NW WASHINGTON, DC 2003752-6081729501 C 3(5) GEORGETOWN UNIVERSITY3300 WHITEHAVEN ST NW WASHINGTON, DC 2000753-0196603501 C 3(6) GESHER SCHOOL INC.4800 MATTIE MOORE COURT FAIRFAX, VA 2203054-1201968501 C 3(7) GREATER MIAMI JEWISH FEDERATION4200 BISCAYNE BOULEVARD MIAMI, FL 3313759-0624404501 C 3(8) GREATER WASHINGTON COMMUNITY KOLLEL4800 MATTIE MORT COMMUNITY KOLLEL4800 MATHINGTON COMMUNITY KOLLEL					SEE PART IV, TYPE B
(3) GEORGE WASHINGTON UNIVERSITY HILLEL714 21ST ST NW 2 FL WASHINGTON, DC 20052714 21ST ST NW 2 FL WASHINGTON, DC 20052(4) GEORGE WASHINGTON UNIVERSITY - HILLEL2300 H ST NW WASHINGTON, DC 2003752-6081729501 C 3(5) GEORGETOWN UNIVERSITY3300 WHITEHAVEN ST NW WASHINGTON, DC 2000753-0196603501 C 3(6) GESHER SCHOOL INC.4800 MATTIE MOORE COURT FAIRFAX, VA 2203054-1201968501 C 3(7) GREATER MIAMI JEWISH FEDERATION4200 BISCAYNE BOULEVARD MIAMI, FL 3313759-0624404501 C 3(8) GREATER WASHINGTON COMMUNITY KOLLEL	15,610.				
714 21ST ST NW 2 FL WASHINGTON, DC 2005253-0196584501 C 3(4) GEORGE WASHINGTON UNIVERSITY - HILLEL2300 H ST NW WASHINGTON, DC 2003752-6081729501 C 3(5) GEORGETOWN UNIVERSITY3300 WHITEHAVEN ST NW WASHINGTON, DC 2000753-0196603501 C 3(6) GESHER SCHOOL INC.4800 MATTIE MOORE COURT FAIRFAX, VA 2203054-1201968501 C 3(7) GREATER MIAMI JEWISH FEDERATION4200 BISCAYNE BOULEVARD MIAMI, FL 3313759-0624404501 C 3(8) GREATER WASHINGTON COMMUNITY KOLLEL4800 MATTIC MOORE COUNTY FAIRFAX59-0624404501 C 3	15,610.				
2300 H ST NW WASHINGTON, DC 20037       52-6081729       501 C 3         (5) GEORGETOWN UNIVERSITY       3300 WHITEHAVEN ST NW WASHINGTON, DC 20007       53-0196603       501 C 3         (6) GESHER SCHOOL INC.       4800 MATTIE MOORE COURT FAIRFAX, VA 22030       54-1201968       501 C 3         (7) GREATER MIAMI JEWISH FEDERATION       4200 BISCAYNE BOULEVARD MIAMI, FL 33137       59-0624404       501 C 3         (8) GREATER WASHINGTON COMMUNITY KOLLEL       400 MATTIE MORT COMMUNITY KOLLEL       400 MATTIE MORT COMMUNITY KOLLEL					SEE PART IV, TYPE A
2300 H ST NW WASHINGTON, DC 20037       52-6081729       501 C 3         (5) GEORGETOWN UNIVERSITY       3300 WHITEHAVEN ST NW WASHINGTON, DC 20007       53-0196603       501 C 3         (6) GESHER SCHOOL INC.       4800 MATTIE MOORE COURT FAIRFAX, VA 22030       54-1201968       501 C 3         (7) GREATER MIAMI JEWISH FEDERATION       4200 BISCAYNE BOULEVARD MIAMI, FL 33137       59-0624404       501 C 3         (8) GREATER WASHINGTON COMMUNITY KOLLEL       400 MATTIE MORT COMMUNITY KOLLEL       400 MATTIE MORT COMMUNITY KOLLEL					
3300 WHITEHAVEN ST NW WASHINGTON, DC 20007       53-0196603       501 C 3         (6) GESHER SCHOOL INC.       4800 MATTIE MOORE COURT FAIRFAX, VA 22030       54-1201968       501 C 3         (7) GREATER MIAMI JEWISH FEDERATION       4200 BISCAYNE BOULEVARD MIAMI, FL 33137       59-0624404       501 C 3         (8) GREATER WASHINGTON COMMUNITY KOLLEL       69-0624404       501 C 3       600 C 3	17,900.				SEE PART IV, TYPE B
(6) GESHER SCHOOL INC.       4800 MATTIE MOORE COURT FAIRFAX, VA 22030       54-1201968       501 C 3         (7) GREATER MIAMI JEWISH FEDERATION       4200 BISCAYNE BOULEVARD MIAMI, FL 33137       59-0624404       501 C 3         (8) GREATER WASHINGTON COMMUNITY KOLLEL       600 C C C C C C C C C C C C C C C C C C					
4800 MATTIE MOORE COURT FAIRFAX, VA 22030       54-1201968       501 C 3         (7) GREATER MIAMI JEWISH FEDERATION       4200 BISCAYNE BOULEVARD MIAMI, FL 33137       59-0624404       501 C 3         (8) GREATER WASHINGTON COMMUNITY KOLLEL       400 BISCAYNE BOULEVARD MIAMI, FL 33137       59-0624404       501 C 3	33,333.				SEE PART IV, TYPE A
(7) GREATER MIAMI JEWISH FEDERATION         4200 BISCAYNE BOULEVARD MIAMI, FL 33137         59-0624404         501 C 3					
4200 BISCAYNE BOULEVARD MIAMI, FL 33137       59-0624404       501 C 3         (8) GREATER WASHINGTON COMMUNITY KOLLEL	115,922.				SEE PART IV, TYPE B
(8) GREATER WASHINGTON COMMUNITY KOLLEL					
	60,350.				SEE PART IV, TYPE A
10900 LOCKWOOD DR SILVER SPRING, MD 20901 26-2294078 501 C 3					
	14,300.				SEE PART IV, TYPE A
(9) GREATER WASHINGTON COMMUNITY FOUNDATION					
1325 G ST NW, STE 480 WASHINGTON, DC 20005 23-7343119 501 C 3	7,271.				SEE PART IV, TYPE A
(10) HADASSAH THE WOMEN ZIONIST ORG OF AMERICA					
11900 PARKLAWN DR ROCKVILLE, MD 20852 13-1656651 501 C 3	34,255.				SEE PART IV, TYPE B
(11) HAZON, INC					
25 BROADWAY #1700 NEW YORK, NY 10004 13-1623922 501 C 3	10,780.				SEE PART IV, TYPE A
(12) HEBREW IMMIGRANT AID SOCIETY (HIAS)					
411 FIFTH AVE, STE 1006 NEW YORK, NY 10016 13-5633307 501 C 3	35,313.				SEE PART IV, TYPE B
2 Enter total number of section 501(c)(3) and government organizations liste				•	

(Form 990) Go	vernme	nts, and Ir	Assistance t ndividuals i	n the United	d States	-	OMB No. 1545-0047
Com	plete if the o	rganization ans	swered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury		-	ttach to Form 990				Open to Public
Internal Revenue Service			/Form990 for the l	atest information			Inspection
Name of the organization THE JEWISH FEDERA	TION OF G	BREATER				Employer identificat	
WASHINGTON, INC.						53-021244	15
Part I General Information on Grants and	d Assistanc	е					
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand dures for mor <b>omestic Or</b>	ce? nitoring the use <b>ganizations a</b> i	of grant funds in the	e United States.	plete if the organiz	ation answered "Y	X         Yes         No           'es" on Form 990,         Image: Second Secon
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.	
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HILLEL THE FOUNDATION JEWISH CAMPUS LIFE							
800 EIGHTH ST, NW WASHINGTON, DC 20001-3724	52-1844823	501 C 3	10,389.				SEE PART IV, TYPE A
(2) HOPE FOR HENRY FOUNDATION							
2440 WISCONSIN AVE NW WASHINGTON, DC 20007	20-0244173	501 C 3	29,550.				SEE PART IV, TYPE A
(3) HOUSING UNLIMITED, INC							
12125 VEIRS MILL RD SILVER SPRING, MD 20906	52-1760774	501 C 3	5,500.				SEE PART IV, TYPE A
(4) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI							
ONE GUSTAV L LEVY PLACE NEW YORK, NY 10029	13-6171197	501 C 3	10,000.				SEE PART IV, TYPE A
(5) ISRAEL EMERGENCY ALLIANCE/STAND WITH US							
6505 WILSHIRE BLVD LOS ANGELES, CA 90048	01-0566033	501 C 3	106,000.				SEE PART IV, TYPE A
(6) J STREET EDUCATION FUND							
1828 L ST NW, STE 240 WASHINGTON, DC 20036	20-2777557	501 C 3	5,200.				SEE PART IV, TYPE A
(7) JEWISH COALITION AGAINST DOMESTIC ABUSE							
P.O. BOX 2266 ROCKVILLE, MD 20847	52-2259318	501 C 3	39,180.				SEE PART IV, TYPE A
(8) JCC OF NORTHERN VIRGINIA							
8900 LITTLE RIVER TPK. FAIRFAX, VA 22031	54-1145849	501 C 3	84,751.				SEE PART IV, TYPE B
(9) JEWISH COMMUNITY RELATIONS COUNCIL (JCRC)							
6101 EXECUTIVE BLVD ROCKVILLE, MD 20852	52-0214465	501 C 3	96,596.				SEE PART IV, TYPE B
(10) JEWISH AGENCY FOR ISRAEL							
633 3RD AVE, 21ST FL NEW YORK, NY 10017	23-0053483	501 C 3	5,393.				SEE PART IV, TYPE C
(11) JEWISH COUNCIL FOR THE AGING OF GREATER WAS							
12320 PARKLAWN DR ROCKVILLE, MD 20852-1726	52-0983740	501 C 3	52,004.				SEE PART IV, TYPE B
(12) JEWISH EDUCATION CENTER OF SOUTH FLORIDA							
500 NE SPANISH RVR BLV BOCA RATON, FL 33431	20-3432271	501 C 3	10,000.				SEE PART IV, TYPE A
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ble			

Department of the Treasury		rganization ans ► A	ndividuals in swered "Yes" on F ttach to Form 990	orm 990, Part IV,	d States line 21 or 22.		20 <b>20</b> Open to Public Inspection
Internal Revenue Service			/Form990 for the I	atest information			
Name of the organization THE JEWISH FEDE	RATION OF C	GREATER				Employer identificati	
WASHINGTON, INC.						53-021244	5
Part I General Information on Grants							
<ol> <li>Does the organization maintain records t the selection criteria used to award the g</li> <li>Describe in Part IV the organization's pro</li> <li>Part II Grants and Other Assistance to</li> </ol>	rants or assistand cedures for mor	ce? hitoring the use	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipier		-					,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FEDERATION OF SOUTH PALM BEACH CTY					,		
9901 DONNA KLEIN BLV BOCA RATON, FL 33428	59-1945109	501 C 3	15,000.				SEE PART IV, TYPE A
(2) JEWISH FEDERATIONS OF NORTH AMERICA	55 1515105	501 0 5	13,000.				
25 BROADWAY #1700 NEW YORK, NY 10004-101	0 13-1624240	501 C 3	197,000.				SEE PART IV, TYPE B
(3) JEWISH FOUNDATION FOR GROUP HOMES							
1500 E JEFFERSON ST ROCKVILLE, MD 20852	52-1263608	501 C 3	112,083.				SEE PART IV, TYPE B
(4) JEWISH FUND FOR JUSTICE							
330 SEVENTH AVE #1401 NEW YORK, NY 10001	52-1332694	501 C 3	5,018.				SEE PART IV, TYPE A
(5) JEWISH SOCIAL SERVICE AGENCY							
6123 MONTROSE ROAD ROCKVILLE, MD 20852	53-0196598	501 C 3	126,638.				SEE PART IV, TYPE B
(6) JEWISH THEOLOGICAL SEMINARY							
3080 BROADWAY NEW YORK, NY 10027	13-0887640	501 C 3	6,770.				SEE PART IV, TYPE C
(7) JEWISHCOLORADO							
300 S. DAHLIA ST DENVER, CO 80246	01-0831698	501 C 3	27,000.				SEE PART IV, TYPE A
(8) JEWS UNITED FOR JUSTICE, INC.							
1100 H ST NW, STE 630 WASHINGTON, DC 2000	5 52-2346578	501 C 3	21,413.				SEE PART IV, TYPE A
(9) JOHNS HOPKINS UNIVERSITY							
615 N WOLFE ST E2132 BALTIMORE, MD 21205	52-0595110	501 C 3	60,000.				SEE PART IV, TYPE A
(10) KEMP MILL SYNAGOGUE							
11910 KEMP MILL RD SILVER SPRING, MD 2090	2 52-1664121	501 C 3	24,570.				SEE PART IV, TYPE B
(11) KESHER ISRAEL CONGREGATION							
2801 N ST NW WASHINGTON, DC 20007	52-1316406	501 C 3	30,360.				SEE PART IV, TYPE A
(12) KESHET							
284 AMORY ST JAMAICA PLAIN, MA 02130	48-1278664	501 C 3	13,750.				SEE PART IV, TYPE A
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> </ul>	-	-				•••••	

			Assistance t				OMB No. 1545-0047
		•	ndividuals i				2020
Com	plete if the or	-	wered "Yes" on F		line 21 or 22.		Open to Public
Department of the Treasury		•	ttach to Form 990				Inspection
Internal Revenue Service Name of the organization THE JEWISH FEDERA			/Form990 for the I	atest information	•	Employer identificat	
-	TION OF G	REATER				53-021244	
WASHINGTON, INC.	d Accistance					53-021244	5
Part I General Information on Grants an							
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's process</li> </ol>	s or assistanc	e?			eligibility for the grant	s or assistance, and	X Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990.
Part IV, line 21, for any recipient t		-					
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) KOL SHALOM							
9110 DARNESTOWN ROAD ROCKVILLE, MD 20850	52-2349761	501 C 3	24,180.				SEE PART IV, TYPE A
(2) LILLIAN & ALBERT SMALL CAP JEWISH MUSEUM	52 2349701	501 C 5	24,100.				DEE FART IV, TIPE A
1319 F ST NW., STE 810 WASHINGTON, DC 20004	52-6064549	501 C 3	82,128.				SEE PART IV, TYPE B
(3) MARSHALL WYTHE SCHOOL OF LAW FOUNDATION	52 000 10 15	501 0 5	02,120.				
613 SOUTH HENRY ST WILLIAMSBURG, VA 23815	54-1224563	501 C 3	5,500.				SEE PART IV, TYPE B
(4) MARYLAND BAR FOUNDATION (MBF)							
520 W. FAYETTE ST BALTIMORE, MD 21201	23-7052856	501 C 3	10,000.				SEE PART IV, TYPE C
(5) MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL							
10980 GRANTCHESTER WAY COLUMBIA, MD 21044	52-2218584	501 C 3	36,867.				SEE PART IV, TYPE A
(6) MELVIN J. BERMAN HEBREW ACADEMY							
13300 ARCTIC AVE ROCKVILLE, MD 20853-3012	53-0208371	501 C 3	31,362.				SEE PART IV, TYPE B
(7) MESORAH DC FOR YOUNG PROFESSIONALS							
10612 WOODSDALE DR SILVER SPRING, MD 20901	13-4251165	501 C 3	6,800.				SEE PART IV, TYPE A
(8) METRO BETHESDA ROTARY FOUNDATION, INC							
6632 EAMES WAY BETHESDA, MD 20817	20-4495759	501 C 3	7,750.				SEE PART IV, TYPE A
(9) MILTON GOTTESMAN JEWISH DAY SCHOOL							
6045 16TH ST NW WASHINGTON, DC 20011-1713	52-2115715	501 C 3	1,658,421.				SEE PART IV, TYPE A
(10) MIRRER YESHIVA CENTRAL INSTITUTE							
1791-95 OCEAN PARKWAY BROOKLYN, NY 112223	11-1782116	501 C 3	9,360.				SEE PART IV, TYPE A
(11) MIT HILLEL							
77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-6192704	501 C 3	30,000.				SEE PART IV, TYPE A
(12) MOISHE HOUSE							
5802 MONROE ROAD CHARLOTTE, NC 28212	26-2599786	501 C 3	54,950.				SEE PART IV, TYPE A
2 Enter total number of section 501(c)(3) and	government o	organizations lis	sted in the line 1 tab	ole			

(Form 990) Go	overnme	nts, and li	Assistance t ndividuals in swered "Yes" on F	n the United	d States		омв no. 1545-0047 20 <b>20</b>
Department of the Treasury		-	ttach to Form 990				Open to Public
Internal Revenue Service			/Form990 for the I	atest information			Inspection
Name of the organization THE JEWISH FEDERA	TION OF G	GREATER				Employer identificat	
WASHINGTON, INC.		-				53-021244	±5
Part I General Information on Grants an							
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> <li>Part II Grants and Other Assistance to D</li> </ol>	ts or assistand dures for mor	ce? hitoring the use	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient t		-					
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) MOMENTUM							
6101 EXECUTIV BLVD NORHT BETHESDA, MD 20852	38-3852989	501 C 3	79,700.				SEE PART IV, TYPE A
(2) MONTGOMERY COUNTY HUMANE SOCIETY							
601 S STONEST AVE ROCKVILLE, MD 20850-4131	52-6044968	501 C 3	5,100.				SEE PART IV, TYPE A
(3) MOTHER EARTH PROJECT							
4819 DORSET AVE CHEVY CHASE, MD 20815	82-4484785	501 C 3	15,000.				SEE PART IV, TYPE A
(4) NARAL PRO CHOICE AMERICA FOUNDATION							
1725 I ST NW, STE 900 WASHINGTON, DC 20006	52-1100361	501 C 3	25,000.				SEE PART IV, TYPE A
(5) THE NATIONAL CENTER FOR JEWISH FILM							
LOWN BUILDING 102 WALTHAM, MA 02454-9110	04-2764044	501 C 3	25,000.				SEE PART IV, TYPE A
(6) NATIONAL PHILHARMONIC							
5301 TUCKERMAN LN NORTH BETHESDA, MD 20852	52-1361650	501 C 3	11,000.				SEE PART IV, TYPE E
(7) NATIONAL RAMAH COMMISSION, INC							
3080 BROADWAY NEW YORK, NY 10027-4650	13-6161110	501 C 3	12,000.				SEE PART IV, TYPE A
(8) NATURE CONSERVANCY							
4245 N. FAIRFAX DR ARLINGTON, VA 22203	53-0242652	501 C 3	11,312.				SEE PART IV, TYPE E
(9) NCSY SUMMER PROGRAMS							
11 BROADWAY 13TH FL NEW YORK, NY 10004	13-5623717	501 C 3	20,733.				SEE PART IV, TYPE C
(10) NEW ISRAEL FUND	_						
235 MONTGOMERY ST SAN FRANCISCO, CA 10016	94-2607722	501 C 3	100,927.				SEE PART IV, TYPE A
(11) NFTY							
633 THIRD AVE, 7TH FL NEW YORK, NY 10017	13-1663143	501 C 3	9,630.				SEE PART IV, TYPE E
(12) NICARAGUAN CHILDREN'S FRIENDSHIP COMMITTEE	_						
223 TINGLEY ST SAN FRANCISCO, CA 34112	73-1682075	1	10,000.				SEE PART IV, TYPE A
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations list</li> </ul>	-	-					

(Form 990) GC	overnme	n <b>ts, and Ir</b> rganization ans ►A	Assistance t Idividuals in wered "Yes" on F ttach to Form 990 /Form990 for the I	n the United orm 990, Part IV,	d States line 21 or 22.		OMB No. 1545-0047
Name of the organization THE JEWISH FEDERA						Employer identificat	ion number
WASHINGTON, INC.						53-021244	15
Part I General Information on Grants and	d Assistanc	e					
<ol> <li>Does the organization maintain records to such the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistance dures for mor comestic Or	e? nitoring the use <b>ganizations a</b> i	of grant funds in the	e United States.	plete if the organiz	ation answered "Y	X Yes No Yes" on Form 990,
Part IV, line 21, for any recipient the	hat received	more than \$5	,000. Part II can b	e duplicated if a	-	needed.	1
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NOVA UKRAINE							
767-B LOMA VERDE PALO ALTO, CA 94303	46-5335435	501 C 3	7,000.				SEE PART IV, TYPE A
(2) OHR KODESH CONGREGATION	40 3333433	501 C 5	7,000.				SEE FART IV, TIPE A
8300 MEADOWBROOK DR CHEVY CHASE, MD 20815	52-0613672	501 C 3	25,180.				SEE PART IV, TYPE B
(3) ORT AMERICA, INC	52 0015072	501 0 5	25,100.				
75 MAIDEN LANE 10TH FL NEW YORK, NY 10038	13-5562424	501 C 3	34,115.				SEE PART IV, TYPE B
(4) P.E.F. ISRAEL ENDOWMENT FUNDS INC.			- ,				
630 THIRD AVE, STE 1501 NEW YORK, NY 10017	13-6104086	501 C 3	116,952.				SEE PART IV, TYPE B
(5) PALM BEACH ORTHODOX SYNAGOGUE, INC							
120 NORTH COUNTY ROAD PALM BEACH, FL 33480	65-0478910	501 C 3	17,025.				SEE PART IV, TYPE A
(6) PAN MASSACHUSETTS CHALLENGE TRUST							
77 FOURTH AVE NEEDHAM, MA 02494	04-2746912	501 C 3	10,000.				SEE PART IV, TYPE A
(7) PANCREATIC CANCER ACTION NETWORK							
1500 ROSECRANS AV MANHATTAN BEACH, CA 90266	33-0841281	501 C 3	9,600.				SEE PART IV, TYPE A
(8) PEACEPLAYERS INTERNATIONAL							
1200 NEW HAMPSHIRE AVE WASHINGTON, DC 20036	52-2272092	501 C 3	25,500.				SEE PART IV, TYPE A
(9) REFUGEE & IMMIGRANT CTR FOR EDUCATION LEGAL							
1305 N FLORES ST SAN ANTONIO, TX 78212	74-2436920	501 C 3	6,500.				SEE PART IV, TYPE A
(10) ROUND HOUSE THEATRE, INC							
7501 WISCONSIN AVE BETHESDA, MD 20814	52-1289737	501 C 3	42,390.				SEE PART IV, TYPE B
(11) SAVE A CHILD'S HEART FOUNDATION, US INC							
10050 CHAPEL ROAD STE 18 POTOMAC, MD 20854	52-1783323	501 C 3	44,588.				SEE PART IV, TYPE A
(12) SETON HALL UNIVERSITY							
400 SOUTH ORANGE AVE SOUTH ORANGE, NJ 07079	22-1500645	501 C 3	30,000.				SEE PART IV, TYPE A
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list	-	-					

(Form 990) GC	vernme	nts, and Ir	Assistance t ndividuals in wered "Yes" on F	n the United	d States		OMB No. 1545-0047
Department of the Treasury	► Go		ttach to Form 990 ⁄ <i>Form990</i> for the I				Inspection
Internal Revenue Service Name of the organization THE JEWISH FEDERA					•	Employer identificati	
WASHINGTON, INC.	IION OF G	JICEATEIC				53-021244	
Part I General Information on Grants and	d Assistanc	ρ				55 02121	
<ol> <li>Does the organization maintain records to s the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proces</li> <li>Part II Grants and Other Assistance to D</li> </ol>	ubstantiate th s or assistanc dures for mor	ne amount of the ce? nitoring the use	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SHADY GROVE MEDICAL CENTER FOUNDATION							
9901 MEDICAL CENTER DR ROCKVILLE, MD 20850	52-1216429	501 C 3	10,000.				SEE PART IV, TYPE A
(2) SHIRAT HANEFESH							
9118 ETON ROAD SILVER SPRING, MD 20907-8681	51-0673575	501 C 3	7,000.				SEE PART IV, TYPE A
(3) SIDWELL FRIENDS SCHOOL							
3825 WISCONSIN AVE, NW WASHINGTON, DC 20016	53-0196519	501 C 3	22,500.				SEE PART IV, TYPE A
(4) SIXTH AND I SYNAGOGUE, INC.							
600 I ST NW WASHINGTON, DC 20001-3736	33-1036146	501 C 3	24,900.				SEE PART IV, TYPE A
(5) SO WHAT ELSE							
ONE PRESERVE PARKWAY ROCKVILLE, MD 20852	27-1219231	501 C 3	63,800.				SEE PART IV, TYPE A
(6) ST. ANN ROMAN CATHOLIC CHURCH							
4001 YUMA ST NW WASHINGTON, DC 20016-2186	53-0210797	501 C 3	8,000.				SEE PART IV, TYPE A
(7) SUBURBAN HOSPITAL, INC							
8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	52-0610545	501 C 3	10,500.				SEE PART IV, TYPE B
(8) SULAM, INC							
13300 ARTIC AVE ROCKVILLE, MD 20853-3012	52-2105076	501 C 3	26,040.				SEE PART IV, TYPE A
(9) SUNFLOWER BAKERY							
5951 HALPINE ROAD ROCKVILLE, MD 20852	26-2797556	501 C 3	8,030.				SEE PART IV, TYPE A
(10) TAHIRIH JUSTICE CENTER	_						
6402 ARLINGTON BLVD FALLS CHURCH, VA 22042	54-1858176	501 C 3	12,500.				SEE PART IV, TYPE A
(11) TEMPLE BETH AMI							
14330 TRAVILAH ROAD ROCKVILLE, MD 20850	52-1198064	501 C 3	5,800.				SEE PART IV, TYPE A
(12) TEMPLE B'NAI ABRAHAM							
300 EAST NORTHFIELD RD LIVINGSTON, NJ 07039	22-1515224	501 C 3	29,000.				SEE PART IV, TYPE A
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations lis</li> </ul>	-	-					

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. So to www.irs.gov/Smr990 for the latest information.          Complete if the organization THE SERIES Series and Characterization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Series and Characterization maintenance.          Employment deamtification number So 2012445            Part ID Concrist Information on Grants and Assistance 1 Does the organization maintin 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?          Image of the organization and complete if the organization answered "Yes" on Form 9900 Part ID Concents and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 9900 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.               (b) Elim (b) (B) Concent assistance) grant in address of organizations             down organizations             down organizations             down organization and the set organit is addition and the set organization and the set organization				Assistance t				OMB No. 1545-0047	
Compartment of the Treasury         Leader of the organization answered 'the' on Porm 90.         Dent to Public Inspection           Mineral Revenue Sarves         FG to anywerks gov/Form990 for the latest information.         Employer identification number 53–0212445           Part I         Central Information on Oranis and Assistance         53–0212445         Sarve Information on Sarvered Tree or assistance, and the selection oritication assistance and the selection oritication assistance?         If yes in the organization proceedures for monitoring the use of grant funds in the United States.           Part II         Central Information on Oranis and Assistance         If yes in part (V, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         If the organization space is 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.         If the selection or the sele	(Form 990) GC	overnme	nts, and Ir	ndividuals ii	n the United	d States		20 <b>21</b>	
Department of interaction         Inspection           Name of the organization and beside service of the organization and beside service of the organization and beside service of the organization and basistance         Employer identification number 53-0212445           Name of the organization maintain records to substantiate the anount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance?         Image: selection criteria used to award the grants or assistance?           1         Does the organization maintain records to substantiate the anount of the grants or assistance?         Image: selection criteria used to award the grants or assistance?         Image: selection criteria used to award the grants or assistance?         Image: selection criteria used to award the grants or assistance?         Image: selection criteria used to award the grants or assistance?         Image: selection criteria used to award the grants or assistance?         Image: selection criteria used to award the grants or assistance?         Image: selection criteria used to award the grants or assistance?         Image: selection criteria used to award the grants or assistance 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.         Image: selection criteria used to award the grants or assistance and grant funct and the grant for the	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.			
Name of the organization         THE JEWISH FEDERATION OF GREATER         Employer identification number 53-0212445           Part I Part I Part I A Dees the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?         Image: selection criteria used to award the grants or assistance?         Image: selection criteria used to award the grants or assistance?         Image: selection criteria used to award the grants or assistance?         Image: selection criteria used to award the grants or assistance?         Image: selection criteria used to award the grant selection criteria used to award the grants or assistance?         Image: selection criteria used to award the grant selection criteria used t	Department of the Treasury		► A	ttach to Form 990	•				
NUME         53-0212445           Part I         General Information on Grates and Assistance         Image: Comparison 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?         Image: Comparison maintain records to substantiate the amount of the grants or assistance, the grantes' eligibility for the grants or assistance, and image: comparison maintain records to substantiate the amount of the grants or assistance.         Image: Comparison maintain records to substantiate the amount of the grants or assistance.         Image: Comparison maintain records to substantiate the amount of the grants or assistance.         Image: Comparison maintain records to substantiate the amount of the grants or assistance.         Image: Comparison maintain records to substantiate the amount of the grants or assistance.         Image: Comparison maintain records to substantiate the amount of the grants or assistance.         Image: Comparison maintain records to substantiate the amount of the grants or assistance.         Image: Comparison maintain records to substantiate the amount of the grants or assistance.         Image: Comparison maintain records to substantiate the amount of the grants or assistance.         Image: Comparison maintain records to substantiate the amount of the grants or assistance.         Image: Comparison maintain records to substantiate the amount of the grants or assistance.         Image: Comparison maintain records to substantiate the amount of the grants or assistance.         Image: Comparison maintain records to substantiate the amount of the grants or assistance.         Image: Comparison to maintain records to substante the amount of the grants or assi				/Form990 for the I	atest information				
Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grante or assistance, and the selection criteria used to award the grants or assistance?       Image: Complete in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part III       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 55,000. Part II can be duplicated if additional space is needed.       (a) Name and address organization organization or respination or assistance (f) application (f) application (f) application (f) application (f) application (f) application or or assistance (f) application (f) appl		TION OF G	REATER						
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?       Image: Content in the selection criteria used to award the grants or assistance?       Image: Content in the selection criteria used to award the grants or assistance?       Image: Content in the selection criteria used to award the grants or assistance?       Image: Content in the selection criteria used to award the grants or assistance?       Image: Content in the selection criteria used to award the grants or assistance?       Image: Content in the selection criteria used to award the grants or assistance?       Image: Content in the selection criteria used to award the grants or assistance?       Image: Content in the selection criteria used to award the grants or assistance?       Image: Content in the selection criteria used to award the grants or assistance?       Image: Content in the selection criteria used to award the grants or assistance?       Image: Content in the selection criteria used to assistance?       Image: Content in the selection criteria used to avaid the selection criteria used to avaid the grants or assistance?       Image: Content in the selection criteria used to avaid the selection criteria used to avaid the grants or assistance?       Image: Content in the selection criteria used to avaid the selection criteria used tore avaid the selection criteria used to avai							53-021244	15	
the selection criteria used to award the grants or assistance?         X         Yes         N           2         Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Fart II Carnets and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         (a) Amount of cash organization or government         (b) EN         (b) IRC section of government         (b) Amount of cash organization organization or government         (b) Amount of cash organization organization 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.         (c) Description of non-cash assistance         (b) Amount of cash organization organization organization organization organization organization organization organization 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.         (b) Purposed of gant organization answered "Yes" on Form 990. Part IV, line 21, for an year 19, 1700.           (1) THME HILLEN.         (c) THME AMARICAN PHILINES (SHADAL STATE \$500 C 3         10,000.         (c) THME AMARICAN PHILINES (SHADAL STATE \$500 C 3         (c) receive and receive	Part I General Information on Grants an	d Assistanc	e						
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 againzation or government         (b) EN         (a) IRC section (ff applicable)         (b) Amount of non- cash assistance         (b) Amount of non- content         (c) Amount of non- contentcontent <th col<="" th=""><th><ul><li>the selection criteria used to award the grant</li><li>2 Describe in Part IV the organization's procession</li></ul></th><th>ts or assistand dures for mor</th><th>e? hitoring the use</th><th>of grant funds in the</th><th>e United States.</th><th></th><th></th><th></th></th>	<th><ul><li>the selection criteria used to award the grant</li><li>2 Describe in Part IV the organization's procession</li></ul></th> <th>ts or assistand dures for mor</th> <th>e? hitoring the use</th> <th>of grant funds in the</th> <th>e United States.</th> <th></th> <th></th> <th></th>	<ul><li>the selection criteria used to award the grant</li><li>2 Describe in Part IV the organization's procession</li></ul>	ts or assistand dures for mor	e? hitoring the use	of grant funds in the	e United States.			
1 (a) Name and address of organization or government         (b) EIN         (c) RCS section (if applicable)         (d) Amount of cash grant         (e) Amount of non- cash assistance         (f) Method of valuable (if applicable)         (g) Amount of cash grant         (g) Amount of non- cash assistance         (g) Description of noncesh assistance         (h) Purpose of grant or assistance           (f) TEMPLE SINAT         3100 MLITARY ROBE IN WASHINGTON, DC 20015         53-0231513         501 C 3         13,004.         SEE PART IV, TYPE           (g) THE AMERICAN FILTERED OF PERT ISSIST ISSIES ADDITION COMMUTER         52-1758802         501 C 3         10,000.         SEE PART IV, TYPE           (g) THE AMERICAN FILTERED OF PERT ISSIST ISSIES ADDITION COMMUTER         13-434781         501 C 3         10,000.         SEE PART IV, TYPE           (g) THE AMERICAN FILTERED OF PERT ISSIST BUTK COMMUTER         13-456634         501 C 3         10,000.         SEE PART IV, TYPE           (g) THE AMERICAN FILTERED OF NORE, NY DOLT         13-456634         501 C 3         10,000.         SEE PART IV, TYPE           (g) THE DEVISITOR OF NORE, NY DOLT         13-456634         501 C 3         15,000.         SEE PART IV, TYPE           (g) THE DEVISIT BUTK DEVISITION TW DEVISITION         26-103708         501 C 3         5,930.         SEE PART IV, TYPE           (g) THE DEVISIT BUTK NONDOWNING AD 20854         52-6635080 <td< th=""><th></th><th></th><th>-</th><th></th><th></th><th></th><th></th><th>'es" on Form 990,</th></td<>			-					'es" on Form 990,	
Cryster         Cryster         Cryster         Cryster         Cryster         Cost assistance         Cost assistance         Cost assistance           (1) TEMPLE SINAI         3100 MLLTRAY ROAD NN WASHINGTON, DC 20015         53-0231513 501 C 3         13,004.         SEE PART IV, TYPE           (2) TEXAS HILLEL         52-1758802 501 C 3         11,000.         SEE PART IV, TYPE           (3) THE AMERICAN FEITENS OF BET ISSIE SHAPRING         52-1758802 501 C 3         10,000.         SEE PART IV, TYPE           (3) THE AMERICAN JEKISH NYT DISTRIBUT COMMTERS         52-1758802 501 C 3         10,000.         SEE PART IV, TYPE           (4) HEA AMERICAN JEKISH NYT DISTRIBUT COMMTERS         3200 REI NEW YORK, NY 10017         13-1656634 501 C 3         63,193.         SEE PART IV, TYPE           (2) THEA SEPEN INSTITUTE         3200 NEW YORK, NY 10017         13-1656634 501 C 3         63,193.         SEE PART IV, TYPE           (3) THE SEPEN INSTITUTE         3200 NEW YORK, NY 10017         13-1656634 501 C 3         63,193.         SEE PART IV, TYPE           (3) THE SEPEN INSTITUTE         3200 NEW YORK, NY 10017         13-1656634 501 C 3         63,193.         SEE PART IV, TYPE           (4) THE MEMON TARE ON MASHINGTON, DC 20015         26-328489 501 C 3         7,300.         SEE PART IV, TYPE           (5) THE SUM HILARIN, NJ 07041         26-1887249 501 C 3	Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.		
13100 MILITARY ROAD NW MASHINGTON, DC 20015         53-0231513         501 c 3         13,004.         SEE PART IV, TYPE           (2) TEXAS HILLE         52-1758002         501 c 3         11,000.         SEE PART IV, TYPE           (3) THE AMERICAN FEINING OF BEIT ISSIE SHAPIRO         52-1758002         501 c 3         10,000.         SEE PART IV, TYPE           (4) THE AMERICAN FEINING OF BEIT ISSIE SHAPIRO         13-434781         501 c 3         10,000.         SEE PART IV, TYPE           (5) THE AMERICAN FEINING OF BEIT ISSIE SHAPIRO         13-434781         501 c 3         10,000.         SEE PART IV, TYPE           (6) THE AMERICAN FEINING OF NEW YORK, NY 10036         13-434781         501 c 3         63,193.         SEE PART IV, TYPE           (5) THE ASPEN INSTITUTE         3-1656634         501 c 3         15,000.         SEE PART IV, TYPE           (6) THE BULIS SCHOOL         10601 FRE BULIS SCHOOL         52-0635080         501 c 3         6,930.         SEE PART IV, TYPE           (7) THE DEFIANT REQUIEM POUNDATION         52-020550         501 c 3         7,300.         SEE PART IV, TYPE           (8) THE GOON PEOPLE FUND         26-1887249         501 c 3         27,860.         SEE PART IV, TYPE           (9) THE HUMAN TRAFFICKING LEGAL CENTER         13-165627         501 c 3         12,500.         SEE PART IV, T		(b) EIN				(book, FMV, appraisal,			
3100 MILITARY ROAD NW MASHINGTON, DC 20015         53-0231513         501 c 3         13,004.         SEE PART IV, TYPE           (2) TEXAS HILLE         52-1758002         501 c 3         11,000.         SEE PART IV, TYPE           (3) THE MARTICAN FEINING OF BEIT ISSIE SHAPIRO         52-1758002         501 c 3         10,000.         SEE PART IV, TYPE           (3) THE MARTICAN FEINING OF BEIT ISSIE SHAPIRO         13-3434781         501 c 3         10,000.         SEE PART IV, TYPE           (4) THE MARTICAN FEINING OF BEIT ISSIE SHAPIRO         13-1656634         501 c 3         10,000.         SEE PART IV, TYPE           (5) THE ASPEN INSTITUTE         3-1656634         501 c 3         63,193.         SEE PART IV, TYPE           (6) THE BART NOTOR, DC 20037         84-0399006         501 c 3         15,000.         SEE PART IV, TYPE           (6) THE BART HEQUIEM POUNDATION         52-0635080         501 c 3         6,930.         SEE PART IV, TYPE           (7) THE DEFIANT HEQUIEM POUNDATION         52-0328489         501 c 3         7,300.         SEE PART IV, TYPE           (8) THE GOO PROPLE FUND         13-165627         501 c 3         7,300.         SEE PART IV, TYPE           (9) THE HUMAN TRAFFICKING LEGAL CENTER         13-165627         501 c 3         12,500.         SEE PART IV, TYPE           (10) TH	(1) TEMPLE SINAI								
(2) TEXAS HILLEL         SEE PART IV, TYPE           (3) THE AMERICAN FRIENDS OF BEIT ISSIE SHAPTRO         SEE PART IV, TYPE           (3) THE AMERICAN FRIENDS OF BEIT ISSIE SHAPTRO         SEE PART IV, TYPE           (4) THE AMERICAN JENISH NUT DISTIBUTIN COMMUTER         13-3434781         501 C 3         10,000.           (4) THE AMERICAN JENISH NUT DISTIBUTIN COMMUTER         SEE PART IV, TYPE         501 C 3         63,193.         SEE PART IV, TYPE           (20 E. 42ND ST, STE 400 NEW YORK, NY 10017         13-1656634         501 C 3         63,193.         SEE PART IV, TYPE           (3) THE AMERICAN JENISH UNT DISTIBUTIN COMMUTER         SEE PART IV, TYPE         501 C 3         63,193.         SEE PART IV, TYPE           (4) THE AMERICAN JENISH UNT DISTIBUTIN COMMUTER         SEE PART IV, TYPE         501 C 3         63,193.         SEE PART IV, TYPE           (5) THE SULLIS SCHOOL         III.000.         SEE PART IV, TYPE         SEE PART IV, TYPE         501 C 3         6,930.         SEE PART IV, TYPE           (6) THE BULLIS SCHOOL         SEE PART IV, TYPE         SEE PART IV, TYPE         5506 CONNECTICUT AV NN WASHINGTON, DC 20015         26-3238489         501 C 3         7,300.         SEE PART IV, TYPE           (6) THE GOOD PROFILE VIND         SEE PART IV, TYPE         1001 DIST IN #1048 MASHINGTON, DC 20005         46-1349584         501 C 3         27,860		53-0231513	501 C 3	13,004.				SEE PART IV, TYPE A	
2105 SAN ANTONIO ST AUSTIN, TX 78705-0128         52-1758802         501 C 3         11,000.         SEE PART IV, TYPE           (3) THE AMERICAN FRIENDS OF BEIT ISSIE SHAPPRO         13-3434781         501 C 3         10,000.         SEE PART IV, TYPE           (4) THE AMERICAN JERUSH JNT DISTRUETION COMMTREE         220 E. 42nD ST, STE 400 NEW YORK, NY 10037         13-1656634         501 C 3         63,193.         SEE PART IV, TYPE           (5) THE ASPEN INSTITUTE         330 N ST NN STE 700 WASHINGTON, DC 20037         84-0399006         501 C 3         6,300.         SEE PART IV, TYPE           (6) THE BULLIS SCHOOL									
(3) THE AMERICAN FRIENDS OF BEIT ISSIE SHAPIRO         13-3434781         501 C 3         10,000.         SEE PART IV, TYPE           (4) THE AMERICAN JENISH JAT DISTRIBUTN COMMTER         13-3434781         501 C 3         10,000.         SEE PART IV, TYPE           (20 E. 42ND ST, STE 400 NEW YORK, NY 10017         13-1656634         501 C 3         63,193.         SEE PART IV, TYPE           (5) THE ASPEN INSTITUTE         32300 N ST NW STE 700 WASHINGTON, DC 20037         84-0399006         501 C 3         15,000.         SEE PART IV, TYPE           (6) THE BULLIS SCHOOL         52-0635080         501 C 3         6,930.         SEE PART IV, TYPE           (6) THE DOUDATION         5506 CONNECTICUT AV NW WASHINGTON, DC 20015         26-3238489         501 C 3         7,300.         SEE PART IV, TYPE           (8) THE GOOD PEOPLE FUND         26-1887249         501 C 3         27,860.         SEE PART IV, TYPE           (9) THE HURAN TRAFFICKING LEGAL CENTER         46-1349584         501 C 3         12,500.         SEE PART IV, TYPE           (10) THE JEWISH NATIONAL FUND         13-1659627         501 C 3         59,874.         SEE PART IV, TYPE           (10) THE JEWISH NATIONAL FUND         13-1659627         501 C 3         59,874.         SEE PART IV, TYPE           (10) THE JEWISH NATIONAL FUND         13-1659627         501 C 3		52-1758802	501 C 3	11,000.				SEE PART IV, TYPE A	
25 WEST 45TH ST, #1405 NEW YORK, NY 10036         13-3434781         501 c 3         10,000.         SEE PART IV, TYPE           (4) THE AMERICAN JENISH JNT DISTRIBUTN COMMITEE         31-365634         501 c 3         63,193.         SEE PART IV, TYPE           (5) THE ASPEN INSTITUTE         3200 N ST NW STE 700 WASHINGTON, DC 20037         84-0399006         501 c 3         15,000.         SEE PART IV, TYPE           (6) THE BULLIS SCHOOL         13-1656634         501 c 3         15,000.         SEE PART IV, TYPE           (6) THE BULLIS SCHOOL         10601 FALLS ROAD POTOMAC, MD 20854         52-0635080         501 c 3         6,930.         SEE PART IV, TYPE           (6) THE DEGIANT REQUIEM FOUNDATION         550 c CONNECTICUT VA NW WASHINGTON, DC 20015         26-3238489         501 c 3         7,300.         SEE PART IV, TYPE           (8) THE GOOD PEOPLE FUND         384 WYOMING AVE MILLBURN, NU 07041         26-1349584         501 c 3         27,860.         SEE PART IV, TYPE           (10) THE JEWISH NATIONAL FUND         13-1659627         501 c 3         12,500.         SEE PART IV, TYPE           (10) THE JUSH NATIONAL FUND         13-1659627         501 c 3         12,500.         SEE PART IV, TYPE           (10) THE JUSH NATIONAL FUND         13-1659627         501 c 3         59,874.         SEE PART IV, TYPE           (10) TH									
220 E. 42ND ST, STE 400 NEW YORK, NY 10017       13-1656634       501 C 3       63,193.       SEE PART IV, TYPE         (5) THE ASPEN INSTITUTE       2300 N ST NW STE 700 WASHINGTON, DC 20037       84-0399006       501 C 3       15,000.       SEE PART IV, TYPE         (6) THE BULLIS SCHOOL       6,930.0       52-0635080       501 C 3       6,930.       SEE PART IV, TYPE         (7) THE DEFIANT REQUIEM FOUNDAC, MD 20854       52-0635080       501 C 3       7,300.       SEE PART IV, TYPE         (8) THE GOOD PEOPLE FUND       26-3238489       501 C 3       27,860.       SEE PART IV, TYPE         (9) THE HUMAN TRAFFICKING LEGAL CENTER       64-1349584       501 C 3       27,860.       SEE PART IV, TYPE         (10) THE JEWISH NATIONAL CENTER, NY 11070       13-1659627       501 C 3       12,500.       SEE PART IV, TYPE         (10) THE JEWISH NATIONAL CENTER, NY 11570       13-1659627       501 C 3       59,874.       SEE PART IV, TYPE         (10) THE JEWISH PEDERATION, INC       9701 COMMERCE CTR CT GORT WYERS, FL 33908       59-2668992       501 C 3       20,000.       SEE PART IV, TYPE         (12) THE MICHAEL J. FOX FOUNDATION       13-4141945       501 C 3       52,550.       SEE PART IV, TYPE         (11) THE LEE COUNTY JEWISH FEDERATION, INC       9701 COMMERCE CTR CT FOR TWYERS, FL 33908       59-2668992       501		13-3434781	501 C 3	10,000.				SEE PART IV, TYPE A	
220 E. 42ND ST, STE 400 NEW YORK, NY 10017       13-1656634       501 C 3       63,193.       SEE PART IV, TYPE         (5) THE ASPEN INSTITUTE       2300 N ST NW STE 700 WASHINGTON, DC 20037       84-0399006       501 C 3       15,000.       SEE PART IV, TYPE         (6) THE BULLIS SCHOOL       6,930.0       52-0635080       501 C 3       6,930.       SEE PART IV, TYPE         (7) THE DEFIANT REQUIEM FOUNDAC, MD 20854       52-0635080       501 C 3       7,300.       SEE PART IV, TYPE         (8) THE GOOD PEOPLE FUND       26-3238489       501 C 3       27,860.       SEE PART IV, TYPE         (9) THE HUMAN TRAFFICKING LEGAL CENTER       64-1349584       501 C 3       27,860.       SEE PART IV, TYPE         (10) THE JEWISH NATIONAL CENTER, NY 11070       13-1659627       501 C 3       12,500.       SEE PART IV, TYPE         (10) THE JEWISH NATIONAL CENTER, NY 11570       13-1659627       501 C 3       59,874.       SEE PART IV, TYPE         (10) THE JEWISH PEDERATION, INC       9701 COMMERCE CTR CT GORT WYERS, FL 33908       59-2668992       501 C 3       20,000.       SEE PART IV, TYPE         (12) THE MICHAEL J. FOX FOUNDATION       13-4141945       501 C 3       52,550.       SEE PART IV, TYPE         (11) THE LEE COUNTY JEWISH FEDERATION, INC       9701 COMMERCE CTR CT FOR TWYERS, FL 33908       59-2668992       501	(4) THE AMERICAN JEWISH JNT DISTRIBUTN COMMTTEE								
2300 N ST NW STE 700 WASHINGTON, DC 20037       84-0399006       501 C 3       15,000.       SEE PART IV, TYPE         (6) THE BULLIS SCHOOL       10601 FALLS ROAD POTOMAC, MD 20854       52-0635080       501 C 3       6,930.       SEE PART IV, TYPE         (7) THE DEFIANT REQUIEM FOUNDATION       26-3238489       501 C 3       7,300.       SEE PART IV, TYPE         (8) THE GOOD PROPLE FUND       26-3238489       501 C 3       7,300.       SEE PART IV, TYPE         (9) THE HUMAN TRAFFICKING LEGAL CENTER       26-1887249       501 C 3       12,500.       SEE PART IV, TYPE         (10) THE JEWISH NATIONAL FUND       46-1349584       501 C 3       12,500.       SEE PART IV, TYPE         (11) THE LEE COUNTY JEWISH FEDERATION, INC       9701 COMMERCE CTR CT FORT MYERS, FL 33908       59-2668992       501 C 3       20,000.       SEE PART IV, TYPE         (12) THE MICHAEL J. FOX FOUNDATION       13-4141945       501 C 3       52,250.       SEE PART IV, TYPE	220 E. 42ND ST, STE 400 NEW YORK, NY 10017	13-1656634	501 C 3	63,193.				SEE PART IV, TYPE B	
(6) THE BULLIS SCHOOL         See PART IV, TYPE           10601 FALLS ROAD POTOMAC, MD 20854         52-0635080         501 C 3         6,930.         SEE PART IV, TYPE           (7) THE DEFIANT REQUIEM FOUNDATION         5506 CONNECTICUT AV NW WASHINGTON, DC 20015         26-3238489         501 C 3         7,300.         SEE PART IV, TYPE           (8) THE GOOD PEOPLE FUND         384 WYOMING AVE MILLBURN, NJ 07041         26-1887249         501 C 3         27,860.         SEE PART IV, TYPE           (9) THE HUMAN TRAFFICKING LEGAL CENTER         1030 15TH ST NW #104B WASHINGTON, DC 20005         46-1349584         501 C 3         12,500.         SEE PART IV, TYPE           (10) THE JEWISH NATIONAL FUND         13-1659627         501 C 3         59,874.         SEE PART IV, TYPE           (11) THE LEE CONTY JEWISH FEDERATION, INC         9701 COMMERCE CTT CT FORT MYERS, FL 33908         59-2668992         501 C 3         20,000.         SEE PART IV, TYPE           (12) THE MICHAEL J. FOX FOUNDATION         13-4141945         501 C 3         5,250.         SEE PART IV, TYPE	(5) THE ASPEN INSTITUTE								
10601 FALLS ROAD POTOMAC, MD 20854       52-0635080       501 c 3       6,930.       SEE PART IV, TYPE         (7) THE DEFIANT REQUIEM FOUNDATION       5506 CONNECTICUT AV NW WASHINGTON, DC 20015       26-3238489       501 c 3       7,300.       SEE PART IV, TYPE         (8) THE GOOD PEOPLE FUND       26-1887249       501 c 3       27,860.       SEE PART IV, TYPE         (9) THE HUMAN TRAFFICKING LEGAL CENTER       1030 15TH ST NW #104B WASHINGTON, DC 20005       46-1349584       501 c 3       12,500.       SEE PART IV, TYPE         (10) THE JEWISH NATIONAL FUND       13-1659627       501 c 3       59,874.       SEE PART IV, TYPE         (11) THE LEE COUNTY JEWISH FEDERATION, INC       9701 COMMERCE CTR CT FORT MYERS, FL 33908       59-2668992       501 c 3       20,000.       SEE PART IV, TYPE         (12) THE MICHAEL J. FOX FOUNDATION       13-4141945       501 c 3       50,250.       SEE PART IV, TYPE	2300 N ST NW STE 700 WASHINGTON, DC 20037	84-0399006	501 C 3	15,000.				SEE PART IV, TYPE A	
(7)         THE DEFIANT REQUIEM FOUNDATION         26-3238489         501 C 3         7,300.         SEE PART IV, TYPE           (8)         THE GOOD PEOPLE FUND         26-1887249         501 C 3         27,860.         SEE PART IV, TYPE           (9)         THE HUMAN TRAFFICKING LEGAL CENTER         26-1887249         501 C 3         12,500.         SEE PART IV, TYPE           (10)         THE JEWISH NATIONAL FUND         26-1887249         501 C 3         12,500.         SEE PART IV, TYPE           (10)         THE JEWISH NATIONAL FUND         13-1659627         501 C 3         59,874.         SEE PART IV, TYPE           (11)         THE LEE COUNTY JEWISH FEDERATION, INC         9701 COMMERCE CTR CT FORT MYERS, FL 33908         59-2668992         501 C 3         20,000.         SEE PART IV, TYPE           (12)         THE MICHAEL J. FOX FOUNDATION         13-4141945         501 C 3         5,250.         SEE PART IV, TYPE	(6) THE BULLIS SCHOOL								
5506 CONNECTICUT AV NW WASHINGTON, DC 20015       26-3238489       501 C 3       7,300.       SEE PART IV, TYPE         (8) THE GOOD PEOPLE FUND       384 WYOMING AVE MILLBURN, NJ 07041       26-1887249       501 C 3       27,860.       SEE PART IV, TYPE         (9) THE HUMAN TRAFFICKING LEGAL CENTER       1030 15TH ST NW #104B WASHINGTON, DC 20005       46-1349584       501 C 3       12,500.       SEE PART IV, TYPE         (10) THE JEWISH NATIONAL FUND       13-1659627       501 C 3       59,874.       SEE PART IV, TYPE         (11) THE LEE COUNTY JEWISH FEDERATION, INC	10601 FALLS ROAD POTOMAC, MD 20854	52-0635080	501 C 3	6,930.				SEE PART IV, TYPE A	
(8) THE GOOD PEOPLE FUND26-1887249501 C 327,860.384 WYOMING AVE MILLBURN, NJ 0704126-1887249501 C 327,860.(9) THE HUMAN TRAFFICKING LEGAL CENTER1030 15TH ST NW #104B WASHINGTON, DC 2000546-1349584501 C 312,500.(10) THE JEWISH NATIONAL FUND13-1659627501 C 359,874.SEE PART IV, TYPE(11) THE LEE COUNTY JEWISH FEDERATION, INC9701 COMMERCE CTR CT FORT MYERS, FL 3390859-2668992501 C 320,000.(12) THE MICHAEL J. FOX FOUNDATION13-4141945501 C 35,250.SEE PART IV, TYPE	(7) THE DEFIANT REQUIEM FOUNDATION								
384 WYOMING AVE MILLBURN, NJ 07041       26-1887249       501 C 3       27,860.       SEE PART IV, TYPE         (9) THE HUMAN TRAFFICKING LEGAL CENTER       1030 15TH ST NW #104B WASHINGTON, DC 20005       46-1349584       501 C 3       12,500.       SEE PART IV, TYPE         (10) THE JEWISH NATIONAL FUND       13-1659627       501 C 3       59,874.       SEE PART IV, TYPE         (11) THE LEE COUNTY JEWISH FEDERATION, INC       13-1659627       501 C 3       59,874.       SEE PART IV, TYPE         (12) THE MICHAEL J. FOX FOUNDATION       13-4141945       501 C 3       50,250.       SEE PART IV, TYPE	5506 CONNECTICUT AV NW WASHINGTON, DC 20015	26-3238489	501 C 3	7,300.				SEE PART IV, TYPE A	
(9) THE HUMAN TRAFFICKING LEGAL CENTER46-1349584501 C 312,500.SEE PART IV, TYPE1030 15TH ST NW #104B WASHINGTON, DC 2000546-1349584501 C 312,500.SEE PART IV, TYPE(10) THE JEWISH NATIONAL FUND13-1659627501 C 359,874.SEE PART IV, TYPE78 RANDALL AVE ROCKVILLE CENTER, NY 1157013-1659627501 C 359,874.SEE PART IV, TYPE(11) THE LEE COUNTY JEWISH FEDERATION, INC9701 COMMERCE CTR CT FORT MYERS, FL 3390859-2668992501 C 320,000.SEE PART IV, TYPE(12) THE MICHAEL J. FOX FOUNDATION13-4141945501 C 35,250.SEE PART IV, TYPE111 W 33RD ST 10 FL NEW YORK, NY 10001-290413-4141945501 C 35,250.SEE PART IV, TYPE	(8) THE GOOD PEOPLE FUND								
1030 15TH ST NW #104B WASHINGTON, DC 20005       46-1349584       501 C 3       12,500.       SEE PART IV, TYPE         (10) THE JEWISH NATIONAL FUND	384 WYOMING AVE MILLBURN, NJ 07041	26-1887249	501 C 3	27,860.				SEE PART IV, TYPE A	
(10) THE JEWISH NATIONAL FUND 78 RANDALL AVE ROCKVILLE CENTER, NY 1157013-1659627501 C 359,874.SEE PART IV, TYPE(11) THE LEE COUNTY JEWISH FEDERATION, INC 9701 COMMERCE CTR CT FORT MYERS, FL 3390859-2668992501 C 320,000.SEE PART IV, TYPE(12) THE MICHAEL J. FOX FOUNDATION 111 W 33RD ST 10 FL NEW YORK, NY 10001-290413-4141945501 C 35,250.SEE PART IV, TYPE	(9) THE HUMAN TRAFFICKING LEGAL CENTER								
78 RANDALL AVE ROCKVILLE CENTER, NY 11570       13-1659627       501 C 3       59,874.       SEE PART IV, TYPE         (11) THE LEE COUNTY JEWISH FEDERATION, INC       9701 COMMERCE CTR CT FORT MYERS, FL 33908       59-2668992       501 C 3       20,000.       SEE PART IV, TYPE         (12) THE MICHAEL J. FOX FOUNDATION       13-4141945       501 C 3       5,250.       SEE PART IV, TYPE	1030 15TH ST NW #104B WASHINGTON, DC 20005	46-1349584	501 C 3	12,500.				SEE PART IV, TYPE A	
(11) THE LEE COUNTY JEWISH FEDERATION, INC       9701 COMMERCE CTR CT FORT MYERS, FL 33908       59-2668992       501 C 3       20,000.       SEE PART IV, TYPE         (12) THE MICHAEL J. FOX FOUNDATION       13-4141945       501 C 3       5,250.       SEE PART IV, TYPE	(10) THE JEWISH NATIONAL FUND	_							
9701 COMMERCE CTR CT FORT MYERS, FL 33908       59-2668992       501 C 3       20,000.       SEE PART IV, TYPE         (12) THE MICHAEL J. FOX FOUNDATION       13-4141945       501 C 3       5,250.       SEE PART IV, TYPE	78 RANDALL AVE ROCKVILLE CENTER, NY 11570	13-1659627	501 C 3	59,874.				SEE PART IV, TYPE B	
(12) THE MICHAEL J. FOX FOUNDATION         III W 33RD ST 10 FL NEW YORK, NY 10001-2904         III -4141945         501 C 3         5,250.         SEE PART IV, TYPE	(11) THE LEE COUNTY JEWISH FEDERATION, INC								
111 W 33RD ST 10 FL NEW YORK, NY 10001-2904         13-4141945         501 C 3         5,250.         SEE PART IV, TYPE	9701 COMMERCE CTR CT FORT MYERS, FL 33908	59-2668992	501 C 3	20,000.				SEE PART IV, TYPE A	
	(12) THE MICHAEL J. FOX FOUNDATION								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	111 W 33RD ST 10 FL NEW YORK, NY 10001-2904	13-4141945	501 C 3	5,250.				SEE PART IV, TYPE A	
	2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tab	ole				

(Form 990) Go	vernme	nts, and Ir	Assistance t ndividuals in wered "Yes" on F	n the United	d States		20 <b>20</b>
Department of the Treasury			ttach to Form 990				Open to Public
Internal Revenue Service		•	/Form990 for the I	atest information			Inspection
Name of the organization THE JEWISH FEDERA	TION OF C	GREATER				Employer identificati	
WASHINGTON, INC.						53-021244	5
Part I General Information on Grants and							
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand dures for mor	ce? nitoring the use	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient the		-					
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 REGENTS OF THE UNIVERSITY OF MICHIGAN							
3003 SOUTH STATE ST ANN ARBOR, MI 48109	38-6006309	501 C 3	7,000.				SEE PART IV, TYPE A
(2) THE SHAKESPEARE THEATRE	30 0000309	501 C 5	7,000.				DEE FART IV, TIPE A
516 8TH ST SE WASHINGTON, DC 20003	52-1405988	501 C 3	132,650.				SEE PART IV, TYPE A
(3) THE SHALOM HARTMAN INST OF NORTH AMERICA							
475 RIVERSIDE DR NEW YORK, NY 10115	13-3014387	501 C 3	8,000.				SEE PART IV, TYPE A
(4) TORAH SCHOOL OF GREATER WASHINGTON							
2010 LINDEN LANE SILVER SPRING, MD 20910	52-1874788	501 C 3	21,040.				SEE PART IV, TYPE A
(5) TRUSTEES OF COLUMBIA UNIVERSITY							
435 W 116TH ST, BOX A-2 NEW YORK, NY 10027	13-5598093	501 C 3	104,450.				SEE PART IV, TYPE B
(6) TRUSTEE OF DARTMOUTH COLLEGE							
6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501 C 3	25,000.				SEE PART IV, TYPE A
(7) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA							
636 FRANKLIN BUILDNG PHILADELPHIA, PA 19104	23-1352685	501 C 3	11,912.				SEE PART IV, TYPE B
(8) TRUSTEES OF TUFTS COLLEGE							
80 GEORGE ST., STE. 331 MEDFORD, MA 02155	04-2103634	501 C 3	17,000.				SEE PART IV, TYPE A
(9) TUFTS MEDICAL CENTER							
750 WASHINGTON ST #231 BOSTON, MA 02111	04-3400617	501 C 3	51,600.				SEE PART IV, TYPE B
(10) TZEDEK DC							
4340 CONNECTICUT AV NW WASHINGTON, DC 20008	81-2208907	501 C 3	5,900.				SEE PART IV, TYPE B
(11) UNION COLLEGE							
807 UNION ST SCHENECTADY, NY 12308	14-1338580	501 C 3	5,272.				SEE PART IV, TYPE A
(12) UNITED STATES HOLOCAUST MEMORIAL MUSEUM	_						
100 RAOUL WALLENBRG PL WASHINGTON, DC 20024	52-1309391		124,658.				SEE PART IV, TYPE A
2 Enter total number of section 501(c)(3) and	-	-					
3 Enter total number of other organizations list	ted in the line	a 1 table					

(Form 990) GC	vernme	nts, and Ir	Assistance t ndividuals in wered "Yes" on F	n the United	d States		20 <b>20</b>
Department of the Treasury		-	ttach to Form 990				Open to Public
Internal Revenue Service			/Form990 for the I	atest information	1.		Inspection
Name of the organization THE JEWISH FEDERA	TION OF G	GREATER				Employer identificati	
WASHINGTON, INC.						53-021244	5
Part I General Information on Grants an							
<ol> <li>Does the organization maintain records to s the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's procession</li> </ol>	s or assistand dures for mor	ce? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D		-					es" on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can I	be duplicated if a		needed.	1
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF MARYLAND COLLEGE PARK FDN							
0143 TALOAFERRO HALL COLLEGE PARK, MD 20742	52-2197313	501 C 3	8,666.				SEE PART IV, TYPE B
(2) UNIVERSITY OF MARYLAND HILLEL							
7612 MOWATT LANE COLLEGE PARK, MD 20740	52-0749507	501 C 3	102,844.				SEE PART IV, TYPE B
(3) WAMU							
4400 MASSCHSTTS AVE NW WASHINGTON, DC 20016	53-0196549	501 C 3	5,830.				SEE PART IV, TYPE A
(4) WASHINGTON HEBREW CONGREGATION							
11810 FALLS ROAD POTOMAC, MD 20854	53-0196646	501 C 3	10,585.				SEE PART IV, TYPE A
(5) WASHINGTON INSTITUTE FOR NEAR EAST POLICY							
1111 19TH ST STE 500 WASHINGTON, DC 20036	52-1376034	501 C 3	25,000.				SEE PART IV, TYPE A
(6) WASHINGTON PERFORMING ARTS SOCIETY							
1400 K ST NW STE 500 WASHINGTON, DC 20005	52-6062439	501 C 3	5,225.				SEE PART IV, TYPE C
(7) WELLESLEY COLLEGE							
106 CENTRAL ST WELLESLEY, MA 02481	04-2103637	501 C 3	20,000.				SEE PART IV, TYPE A
(8) WILLIAM J BRENNAN JR CENTER FOR JUSTICE INC							
120 BROADWAY STE 1750 NEW YORK, NY 10271	13-3839293	501 C 3	25,000.				SEE PART IV, TYPE A
(9) WORLD CENTRAL KITCHEN							
655 NEW YORK AVE WASHINGTON, DC 20001	27-3521132	501 C 3	15,024.				SEE PART IV, TYPE A
(10) YEHUDI							
3790 ROYAL PALM AVE MIAMI BEACH, FL 33140	47-1768554	501 C 3	20,000.				SEE PART IV, TYPE A
(11) YESHIVA OF GREATER WASHINGTON							
2010 LINDEN LANE SILVER SPRING, MD 20910	52-1105842	501 C 3	46,100.				SEE PART IV, TYPE A
(12) YOUTH LEADERSHIP FOUNDATION							
1015 15TH ST NW, #600 WASHINGTON, DC 20005	52-2016259	501 C 3	35,000.				SEE PART IV, TYPE A
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			252.

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

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

information.

SCHEDULE I, PART I, LINE 2:

THE JEWISH FEDERATION OF GREATER WASHINGTON PROVIDED GRANT FUNDING TO

AGENCIES AND SCHOOLS TO BE USED IN ONE OR MORE OF FOUR AREAS OF SERVICE -

HUMAN SERVICE NEEDS, PROMOTING JEWISH EDUCATION, DEEPENING JEWISH

ENGAGEMENT, AND STRENGTHENING ORGANIZATIONAL OPERATIONS/CAPACITY. SOME

GRANTS WERE NOT PROGRAM/SERVICE SPECIFIC. EACH AGENCY/SCHOOL PROVIDES THE

FEDERATION WITH AN ANNUAL AUDIT, PROJECTED AND ACTUAL FINANCIAL

STATEMENTS AND QUARTERLY FINANCIAL REPORTS. PROFESSIONAL AND VOLUNTEER

LEADERSHIP SPEAK AND/OR MEET REGULARLY WITH GRANT RECIPIENTS. IF A

GRANTEE WANTS TO REDIRECT FUNDING FOR A DIFFERENT PURPOSE, A REQUEST MUST

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

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

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)       Compensation Information         Pepartment of the Treasury Internal Revenue Service       For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees         Department of the Treasury Internal Revenue Service       Complete if the organization answered "Yes" on Form 990, Part IV, line 23.         Department of the Treasury Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.				3	OMB No. 1545-0047			
	Revenue Service of the organization			Employer identification			n	
	Ū.		JF GREATER	53-0212445	numbe	1		
-	HINGTON, I	ns Regarding Compensation		55-0212445				
Part	Question	is Regarding compensation				Yes	No	
	990, Part VII, First-cla Travel fo Tax inde Discretio	Section A, line 1a. Complete Part III to liss or charter travel or companions emnification and gross-up payments onary spending account	by by ded any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiatio Personal services (such as maid, chain ne organization follow a written policy re	these items. personal use nal residence n fees auffeur, chef)				
	or reimburse	ement or provision of all of the ex	penses described above? If "No," com	plete Part III to				
					1b			
2 3	directors, trus 1a? Indicate which organization's related organ X Comper	stees, and officers, including the CEC h, if any, of the following the organization s CEO/Executive Director. Check all the ization to establish compensation of the isation committee	on used to establish the compensation of t at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa Written employment contract	checked on line he ds used by a	2			
	·	dent compensation consultant	X Compensation survey or study					
	X Form 99	90 of other organizations	X Approval by the board or compensa	tion committee				
-	organization of Receive a set	or a related organization: verance payment or change-of-control p	Part VII, Section A, line 1a, with respect to ayment?		4a 4b		X	
b					-		X	
С	If "Yes" to an	y of lines 4a-c, list the persons and p	sed compensation arrangement?		4c			
5	For persons compensation	listed on Form 990, Part VII, Section contingent on the revenues of:	rganizations must complete lines 5-9. ion A, line 1a, did the organization pa					
	-				5a		X	
b	If "Yes" on lin	e 5a or 5b, describe in Part III.			5b		X	
6	compensation	n contingent on the net earnings of:	ion A, line 1a, did the organization pa					
а					6a		X	
b	•	rganization? e 6a or 6b, describe in Part III.			6b		X	
7			on A, line 1a, did the organization provi					
8	Were any am to the initia	ounts reported on Form 990, Part VII, I contract exception described in I	escribe in Part III paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If	it was subject "Yes," describe	7	X	 X	
9			low the rebuttable presumption proced					
		5			9			
For Pa		ction Act Notice, see the Instructions for Fo		Schedu	le J (Fo	orm 990	) 2020	

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
GIL PREUSS	(i)	411,667.	0.	74,483.	14,250.	21,392.	521,792.	0.
1 EXECUTIVE VICE PRESIDENT & CEO	(ii)	0.	0.	0.	Ο.	0.	0.	0.
SHARI MERRILL	(i)	208,000.	6,000.	1,213.	10,745.	0.	225,958.	0.
2 <sup>CHIEF IMPACT OFFICER</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
ZACHARY BRITON	(i)	200,000.	6,000.	1,163.	10,343.	0.	217,506.	0.
3 CHIEF DONOR EXPERIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ELISA DEENER-AGUS	(i)	160,333.	6,000.	1,315.	4,431.	0.	172,079.	0.
4 <sup>CHIEF OF STAFF</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
JUNE FALB	(i)	145,726.	20,000.	57,974.	0.	5,178.	228,878.	0.
CHIEF ENDOWMENT OFF-SEE SCH.O	(ii)	0.	0.	0.	0.	0.	0.	0.
EILEEN FRAZIER	(i)	227,792.	0.	37,834.	13,434.	0.	279,060.	0.
6 <sup>COO</sup> - SEE SCH. O	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

## 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 7:

DISCRETIONARY BONUS PAID IN RECOGNITION FOR ACHIEVING CERTAIN PREVIOUSLY

AGREED UPON POSITION OBJECTIVES

JSA 0E1505 1.000 Page 3

COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTH

SCHEDULE K (Form 990)	► Complete if	the organization explar	on answered nations, and ►	d "Yes" on Fo any addition Attach to Fo	orm 990 nal infor orm 990.	, Part IV, mation in ∣	line 24a. Pro Part VI.	ovide descri	ptions,				20	1545-0 <b>2</b> <b>2</b> <b>1</b> <b>2</b> <b>1</b> <b>2</b> <b>1</b> <b>1</b> <b>5</b> <b>1</b> <b>1</b> <b>1</b> <b>5</b> <b>1</b> <b>1</b> <b>1</b> <b>5</b> <b>1</b> <b>1</b> <b>1</b> <b>1</b> <b>1</b> <b>1</b> <b>1</b> <b>1</b>	D
Name of the organization			<u> </u>							Fr	nnlover			n numbe	er
WASHINGTON, I										-	53-0			- nambe	51
Part I Bond Is															
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	CUSIP # (d) Date issued (e) Issue price (f) Description of purpose						<b>(g)</b> De	(g) Defeased		On If of Ier	of   financi	
										Yes	No	Yes	No	Yes	No
A COLORADO EDUCATIO	ONAL AND CULTURAL FACILITIES AUTH	84-0896727	NONEAVAIL	03/19/2013	3	8,600,000.	ACQUIRE/CON	STRUCT OFFI	CE BUILDING		х		х		х
В															
С															
D															
Part II Proceed	ls								Т						
						Α		В	С				D		
	onds retired														
	onds legally defeased				0										
	ds of issue				8,	600,228	•								
	eds in reserve funds														
	nterest from proceeds					116 660									
	refunding escrows					116,668	•								
	sts from proceeds														
	cement from proceeds														
	bital expenditures from proceeds					481 001									
	nditures from proceeds				×,	471,021									
	proceeds					12,539	•								
	nt proceeds				203	1.4									
13 Year of subs	stantial completion				-	1									
11 Wore the h	and issued as part of a refur-	na incur of t		anda (ar	Yes	No	Yes	No	Yes	No		Yes	_	No	
	onds issued as part of a refundi	0		· · ·		x									
	r to 2018, a current refunding issue) oonds issued as part of a refund					A							_		
	•	•		•		x									
	to 2018, an advance refunding issue I allocation of proceeds been made?				X	A							_		
	organization of proceeds been made?				Δ										
	•				х										
	on of proceeds?				17										

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

Schedule K (Form 990) 2020

#### THE JEWISH FEDERATION OF GREATER

#### 53-0212445

Sche	edule K (Form 990) 2020								Page <b>2</b>
Ра	rt III Private Business Use CO.	LORADO	EDUCATIO	NAL AND	CULTURA	L FACIL	ITIES AU	JTH	
			A		B	(	C	1	D
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No X	Yes	No	Yes	No	Yes	No
	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?		Х						
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		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	x							
Ра	rt IV Arbitrage					,			
			A		В	(	C	1	D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	No X	Yes	No	Yes	No	Yes	No
2	If "No" to line 1, did the following apply?								
	Rebate not due yet?								
	Exception to rebate?								
	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.				1		1		<u>I</u>
3	Is the bond issue a variable rate issue?	Х							

Schedule K (Form 990) 2020

#### THE JEWISH FEDERATION OF GREATER

art IV Arbitrage (continued)		Α		В	(	<b>`</b>	C	<b>`</b>
- The she consideration on the constraints include astronomy for the second second	Yes	No	Yes	No	Yes	, No	Yes	, N
a Has the organization or the governmental issuer entered into a qualified	X	NO	res	NO	res	NO	res	IN
hedge with respect to the bond issue?								
• Name of provider	PNC BANK,	N.A. 15.100						
<b>c</b> Term of hedge								
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?	X							
Has the organization established written procedures to monitor the								
requirements of section 148?	Х							
art V Procedures To Undertake Corrective Action								
		Α		В	(	2		)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	N
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X o questio	ons on Sche	edule K. S	ee instruc	tions.			
applicable regulations?		ons on Sche	edule K. S	ee instruc	tions.			
applicable regulations?		ons on Sche	edule K. S	ee instruc	tions.			
applicable regulations?		ons on Sche	edule K. S	ee instruc	tions.			
applicable regulations?		ons on Sche	edule K. S	ee instruc	tions.			
applicable regulations?		ons on Sche	edule K. S	ee instruc	tions.			

Page 4

Schedule K (Form 990) 2020

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**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

2020

**Open to Public** 

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Name of the organization WASHINGTON, INC.

## THE JEWISH FEDERATION OF GREATER

53-0212445

Par	I ypes of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
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	299.	6,258,990.	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 24	Drugs and medical supplies							
21 22	Taxidermy Historical artifacts							
22 23	Scientific specimens							
23 24	Archeological artifacts							
25	$Other \blacktriangleright ($							
26	Other ►() Other ►()							
27	Other ►()							
28	Other ►()           Other ►()							
	Number of Forms 8283 received		anization during the tax v	ear for contributions for				
	which the organization completed F		• •		29			
	5	,	, 0				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least th	nree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		Х
b	If "Yes," describe the arrangement in	n Part II.						
31	Does the organization have a	gift accept	tance policy that require	es the review of any	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in c	olumn (c) for a type of pro	perty for which column (a)	) is checked,			

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

Schedule M (Form 990) 2020

53-0212445

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

PART I, COLUMN (B)

AMOUNT REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

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

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. Cabadula O (Form 000 or 000 F7) and its instructions



Internal Revenue Service	Information about Schedule O (Form 990 or 990-E2) and its instructions is at www.ifs.g	
Name of the organization	THE JEWISH FEDERATION OF GREATER	Employer identification numbe
WASHINGTON, INC.		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, DAVID SELDEN/JULIE WALLICK FAMILY RELATIONSHIP, JANIS SCHIFF/PHILIP SCHIFF FAMILY RELATIONSHIP, BENJAMIN NUSSDORF/MELANIE FRANCO NUSSDORF FAMILY RELATIONSHIP, GARY BERMAN/ADAM BERMAN FAMILY RELATIONSHIP.

#### FORM 990, PART VI, SECTION A, LINE 5:

BEGINNING IN AT LEAST JUNE 2020 AND CONTINUING UNTIL AUGUST 2020 THE FEDERATION WAS THE VICTIM OF A CYBER INCIDENT. AS OF JUNE 30, 2021 A TOTAL OF \$7,510,700 IN ENDOWMENT FUNDS CO-INVESTED WITH THE FEDERATION ON BEHALF OF A COMMUNITY AGENCY WERE COMPROMISED. THE INCIDENTS WERE DISCOVERED ON AUGUST 5, 2020, AND THE FEDERATION IMMEDIATELY ENGAGED A LAW FIRM TO INVESTIGATE THE ATTACKS. MITIGATION EFFORTS UNDERTAKEN BY THE LAW FIRM RESULTED IN THE RETURN OF \$3,244,137 SEIZED FROM OVERSEAS ACCOUNTS BETWEEN FEBRUARY AND APRIL 2021. FEDERATION SIGNED AN AGREEMENT WITH THE COMMUNITY AGENCY IN MAY 2021 AGREEING TO REPAY ALL DIVERTED

V 20-7.21

Schedule O (Form 990 or 990-EZ) 2020								Page 2
Name of the organization	THE	JEWISH	FEDERATION	OF	GREATER		Employer identification number	
WASHINGTON, INC.							53-0212445	

FUNDS AS WELL AS LOST INVESTMENT PERFORMANCE OF \$1,499,429 AS WELL AS LEGAL FEES OF \$72,000. TOTAL REMAINING AMOUNT DUE TO THE AGENCY AS OF JUNE 30, 2021 WAS \$1,932,492. MANAGEMENT RECORDED A LOSS CONTINGENCY IN THE AMOUNT OF \$2,918,992 IN THE CONSOLIDATED STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2021 WHICH INCLUDED ADDITIONAL AMOUNTS DIVERTED DURING THE YEAR LESS AMOUNTS CLAWED BACK, AS WELL AS ADDITIONAL AMOUNTS DUE THE COMMUNITY AGENCY FOR LOST INVESTMENT PERFORMANCE AND LEGAL FEES. SUBSEQUENT TO JUNE 30, 2021, THE FEDERATION RECEIVED INSURANCE RECOVERIES TOTALLING \$1,223,825 COVERING PREVIOUSLY RECOGNIZED LOSSES AND DEFENSE COSTS.

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, CFAO, AND CEO. IN ADDITION, THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS, AS WELL AS LEGAL COUNSEL FULLY REVIEWS THE PUBLIC DISCLOSURE COPY WITH SCHEDULE B REDACTED OF THE FORM 990 BEFORE FILING.

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 DETERMINES 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 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 DOES NOT VOTE ON SUCH MATTERS AND IS NOT PRESENT AT THE TIME OF THE VOTE.

#### MONITORING AND ENFORCING COMPLIANCE:

DIRECTORS, OFFICERS, CHAIRS AND MEMBERS OF A FEDERATION GOVERNING BODY ARE REQUIRED TO PROVIDE AN INITIAL AND, THEREAFTER, ANNUAL STATEMENT, REGARDING WHETHER THEY OR THEIR FAMILY MEMBERS HAVE ENGAGED IN, ARE ENGAGING OR EXPECT TO ENGAGE IN A TRANSACTION THAT WOULD CONSTITUTE A CONFLICT OF INTEREST. THEY ARE UNDER A CONTINUING OBLIGATION TO DISCLOSE PROMPTLY ANY POTENTIAL OR ACTUAL CONFLICT OF INTEREST IN WRITING OR, IF PRECLUDED DUE TO THE LACK OF TIME, ORALLY, TO THE AUDIT COMMITTEE. IF THE

V 20-7.21

Schedule O (Form 990 or 990-EZ) 2020								Page <b>2</b>
Name of the organization	THE	JEWISH	FEDERATION	OF	GREATER		Employer identification number	
WASHINGTON, INC.							53-0212445	

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. THE CONFLICT OF INTEREST POLICY IS AVAILABLE IN THE ORGANIZATION'S ELECTRONIC GOVERNANCE "MANUAL". THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, ANNUAL REPORT, AND ARE MAILED UPON REQUEST.

FORM 990, PART VII, SECTION A:

Page 2

JUNE FALB WAS EMPLOYED THROUGH JULY 2020.

EILEEN FRAZIER WAS EMPLOYED THROUGH DECEMBER 2020.

MOLLY GRAVHOLT'S EMPLOYMENT BEGAN IN MARCH 2021. BECAUSE PART VII REPORTS COMPENSATION FOR CALENDAR YEAR 2020, THERE IS NO COMPENSATION REPORTED FOR HER.

FORM 990, PART XI, LINE 9:

OTHER CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST	\$ (90,622)
LOSS CONTINGENCY	\$(2,918,992)
PROVISION FOR UNCOLLECTIBLE PROMISES TO GIVE	\$ (264,427)
UNREALIZED GAIN ON SWAP	\$ 340,435
OTHER	\$ (208,670)
TOTAL OTHER CHANGES IN NET ASSETS	\$(3,142,276)

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.

Schedule O (Form 990 or 990-EZ) 2020	Page
Name of the organization THE JEWISH FEDERATION OF GREATER	Employer identification number
WASHINGTON, INC.	53-0212445
	ATTACHMENT 1
FORM 000 DARE TT TIME 1 OPCIMICATION CONTRACTON	

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

THE JEWISH FEDERATION ENVISIONS 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. WE MOBILIZE PEOPLE TO ADDRESS THE MOST CRITICAL OPPORTUNITIES AND CHALLENGES FACING OUR DIVERSE AND GROWING JEWISH COMMUNITY. WE EMPOWER AND INSPIRE COMMUNITY BUILDERS, LEADERS, AND ORGANIZATIONS TO CONNECT WITH PURPOSE -- JOINING TOGETHER TO BUILD A STRONG AND VIBRANT JEWISH FUTURE.

#### ATTACHMENT 2

#### 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 CRISIS 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 COMMUNITY MEMBERS, 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.

Employer identification number 53-0212445

ATTACHMENT 2 (CONT'D)

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

EQUALLY IMPORTANT IS OUR COMMITMENT TO INSPIRING JEWISH LEARNING AND EXPERIENCES IN ORDER TO SHAPE OUR COMMUNITY'S STRONG JEWISH IDENTITY. FORMAL EDUCATIONAL OPPORTUNITIES AND INFORMAL JEWISH EXPERIENCES LIKE SUMMER CAMPS, YOUTH GROUPS, AND MISSIONS TO ISRAEL AND OTHER JEWISH COMMUNITIES ABROAD PROVIDE LEARNING, RECREATIONAL, CULTURAL AND SOCIAL ACTIVITIES THAT NOURISH OUR BODIES AND OUR MINDS. LASTLY, WE ARE FOCUSED ON CONNECTING OURSELVES AND OUR LIVES TO OTHER JEWS AND JEWISH COMMUNITIES AROUND THE WORLD. OUR SOLIDARITY WITH ONE ANOTHER IS CELEBRATED THROUGH OUR SHARED CULTURE, IDENTITY, AND DEDICATION TO CARING FOR ONE ANOTHER.

ATTACHMENT 3

Page 2

Employer identification number 53-0212445

ATTACHMENT 3 (CONT'D)

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

COMMUNITY OUTREACH: THE JEWISH FEDERATION OF GREATER WASHINGTON STRIVES TO MAKE THE JOYS AND VALUES OF JEWISH LIFE ACCESSIBLE TO EVERYONE, SEAMLESSLY CONNECTING THE DIVERSE POPULATION THAT MAKES UP THE JEWISH COMMUNITY OF GREATER WASHINGTON. THERE ARE COUNTLESS WAYS INDIVIDUALS OF ALL BACKGROUNDS AND IDENTITIES 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 MANY OTHERS. WE ARE COMMITTED TO WELCOMING AND FOSTERING A SENSE OF BELONGING FOR ALL WHO IDENTIFY AS OR SEEK TO BECOME PART OF THE JEWISH COMMUNITY.

IN PARTNERSHIP WITH SECURE COMMUNITY NETWORK (SCN), FEDERATION ENSURES OUR JEWISH COMMUNAL AGENCIES AND SYNAGOGUES HAVE TRAINING AND SUPPORT TO BUILD AND MAINTAIN COMPREHENSIVE SAFETY, SECURITY, AND PREPAREDNESS PLANS, INCLUDING THROUGH WEEKLY TRAINING CONVERSATIONS FOR COMMUNITY AND AGENCY LEADERS. FEDERATION HAS ALSO NOW CONVENED THE REGION'S FIRST EVER COMMUNAL SECURITY COMMITTEE TO ENGAGE ALL PARTS OF GREATER WASHINGTON'S JEWISH COMMUNITY ON SECURITY CONCERNS, NEEDS, AND BEST PRACTICES.

FEDERATION'S JCONNECT: A COMMUNITY CALENDAR OF EVENTS AND RESOURCE CENTER WITH HIGHLIGHTS FOR JEWISH HOLIDAYS, VOLUNTEERING, AND CONNECTION POINTS ACROSS THE COMMUNITY FOR PEOPLE OF ALL

Page 2

Employer identification number 53-0212445

ATTACHMENT 3 (CONT'D)

Page 2

BACKGROUNDS AND IDENTITIES.

703-J-CARING: THE JEWISH COMMUNITY SUPPORT LINE. LAUNCHED IN PARTNERSHIP WITH JSSA AND A NETWORK OF HUMAN SERVICE ORGANIZATIONS, THE SUPPORT LINE IS DESIGNED TO TAKE THE GUESS WORK OUT OF ACCESSING RESOURCES ACROSS GREATER WASHINGTON. COMMUNITY MEMBERS CAN REACH A TRAINED PROFESSIONAL TO CONNECT THEM WITH RESOURCES TAILORED TO THEIR NEEDS, FOR EVERYTHING FROM MENTAL HEALTH TO CASH ASSISTANCE TO LEGAL SUPPORT.

FEDERATION'S PARTNERSHIP WITH THE SHALOM HARTMAN INSTITUTE BRINGS RENOWNED THINKERS AND SCHOLARS TO OUR COMMUNITY TO ELEVATE THE DISCOURSE AND INTENSIFY OUR COMMUNAL JEWISH LEARNING, IN SMALL COHORTS OF LEADERS AND FOR ALL OF JEWISH GREATER WASHINGTON.

ONE HAPPY CAMPER OFFERS INCENTIVE GRANTS TO FAMILIES WHO CHOOSE TO SEND THEIR CHILDREN TO JEWISH OVERNIGHT CAMP FOR THE FIRST TIME.

PJ LIBRARY PROVIDES FAMILIES WITH FREE JEWISH BOOKS AND GUIDES FOR DISCUSSION, PLUS COMMUNITY EVENTS AND PROGRAMS FOR ENGAGEMENT AND RELATIONSHIP-BUILDING.

FEDERATION'S ROAD TO INDEPENDENCE RESOURCE FAIR OFFERS FAMILIES OF YOUNG ADULTS WITH DISABILITIES ACCESS TO PROFESSIONAL, EDUCATIONAL, SOCIAL, RECREATIONAL, AND OTHER OPPORTUNITIES. Name of the organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.

Employer identification number 53-0212445 ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

CA,

FL,HI,IL,KS,KY,MD,MI,

MN, MS, NH, NJ, NM, NY, NC, OR,

RI,SC,TN,UT,WV,WI,

990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MARCUM, LLP 750 THIRD AVENUE, 11TH FLOOR NEW YORK, NY 10017	ACCOUNTING SERVICES	349,737.
ONLINE COMPUTERS AND COMMUNICATIONS, LLC P.O. BOX 428 FLORHAM PARK, NJ 07932	IT SERVICES	323,322.
HAROLD GRINSPOON FOUNDATION 67 HUNT STREET, SUITE 100 AGAWAM, MA 01001	BOOKS SUPPLIER	288,343.
GARDA WORLD SECURITY SERVICES 1699 SOUTH HANLEY ROAD ST. LOUIS, MO 63144	SECURITY	222,834.
NAVISTAR DIRECT MARKETING 4612 NAVISTAR DRIVE FREDERICK, MD 21703	MARKETING/MAILING	164,912.

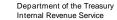
ATTACHMENT 5

SCHED	DULE R
(Form	990)

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.



Part I



Name of the organization THE JEWISH FEDERATION OF GREATER

53-0212445

WASHINGTON, INC.

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

(a) Name, address, and EIN (if applical	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity	
(1) JFGW BUILDING LLC	80-0898436					
6101 EXECUTIVE BOULEVARD #100 N	NORTH BETHESDA, MD 20852	OPERATE BLDG.	MD	1,597,405.	16,304,767.	SEE PART VII
(2)						
(3)						
(4)						
(5)						
(6)						

## Part II

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 cont	<b>g)</b> 512(b)(13) rolled ity?
						Yes	No
(1) JOSEPH AND ALMA GILDENHORN FOUNDATION 52-1487633							
6101 EXECUTIVE BOULEVARD #100 NORTH BETHESDA, MD 20852	SEE PART VII	DC	501(C)(3)	12B	SEE PART VII		Х
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

JSA

Schedule R (Form 990) 2020

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.

	because it had one of more related organizations iteated as a participant guine tax year.											
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging tner?	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
(1)	_											
(2)	_											
(3)	_											
(4)												
(5)												
(6)	_											
(7)												
<u></u>	1											

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

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

Schedule R (Form 990) 2020

Page **3** 

Schedule R (Form 990) 2020

0E1309 1.000

Part	<b>V</b> Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es I	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	a		Х
b	Gift, grant, or capital contribution to related organization(s)			1	b		Х
С	Gift, grant, or capital contribution from related organization(s)			1	c	Х	
	Loans or loan guarantees to or for related organization(s)			· · · · · ⊢	d		Х
е	Loans or loan guarantees by related organization(s)			1	е	_	Х
f	Dividends from related organization(s)			⊢	f		X
g	Sale of assets to related organization(s)			· · · · · -	g		X X
h	Purchase of assets from related organization(s)			⊢	h		X
i	Exchange of assets with related organization(s).			· · · · · ⊢	li 		X
j	Lease of facilities, equipment, or other assets to related organization(s).			•••••	ij	_	
							Х
k	Lease of facilities, equipment, or other assets from related organization(s)			· · · · · ⊢	k		X
I	Performance of services or membership or fundraising solicitations for related organization(s)			•••••	 		X
	Performance of services or membership or fundraising solicitations by related organization(s).				m n		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				n o		X
0	Sharing of paid employees with related organization(s)	• • • • • • • • • • • • • •	•••••	•••••  -'	0		
	Deimburgement paid to related ergenization(a) for expenses			1	р		х
	Reimbursement paid to related organization(s) for expenses				q		X
q				•••••	Ч		_
r	Other transfer of cash or property to related organization(s)				r		Х
	Other transfer of cash or property from related organization(s)				s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	red relationships and transa	action thresh			
	(a)	(b)	(c)	(4			
	Name of related organization	Transaction type (a-s)	Amount involved	Method of amount			ļ
		type (a 3)		amount	1110010	cu	
(1)							
(2)							
(3)							
(4)							
(E)							
(5)							
(6)							
			Sch	nedule R (Fo	rm 99	90) 2	020
JSA							

Schedule R (Form 990) 2020

## 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	501 organiz	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	<b>h)</b> portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man	(j) eral or aging ner?	(k) Percentag ownership
			sections 512 - 514)	Yes	No			Yes	No	(**********	Yes	No	<u> </u>
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
0)													
1)													
2)													
3)													
4)													
5)													
6)													

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.

PART I, COLUMN (F)

JFGW BUILDING LLC

DIRECT CONTROLLING ENTITY: THE JEWISH FEDERATION OF GREATER WASHINGTON,

INC.

PART II

GILDENHORN FOUNDATION

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

COLUMN (F): DIRECT CONTROLLING ENTITY: THE JEWISH FEDERATION OF GREATER

WASHINGTON, INC.

Page 5

Form <b>990-T</b>	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	OMB No. 1545-0047
	For calendar year 2020 or other tax year beginning $\_07/01$ , 2020, and ending $\_06/30$ , 20 $2$	<u>1</u> 20 <b>20</b>
Department of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest information.	Open to Public Inspection for
Internal Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	501(c)(3) Organizations Only
A Check box if address changed.		Employer identification number
	B. (	53-0212445
B Exempt under section		Group exemption number (see instructions)
X 501(C)(3)	Туре	
408(e) 220(e)		Check box if
408A 530(a) 529(a) 529A		an amended return.
G Check organization	ype $\blacktriangleright$ X 501(c) corporation 501(c) trust 401(a) trust Other trust	Applicable reinsurance entity
H Check if filing only to		
	organization filing a consolidated return with a 501(c)(2) titleholding corporation	
	attached Schedules A (Form 990-T)	
	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	
<b>o i i i</b>	ame and identifying number of the parent corporation	
	e of ► MOLLY GRAVHOLT Telephone number ► 301-2	230-7200
	6101 EXECUTIVE BLVD, STE 100 NORTH BETHESDA MD 20852	
	elated Business Taxable Income	
	ed business taxable income computed from all unrelated trades or businesses (see	224 120
		1 334,132.
		<b>2</b> <b>3</b> 334,132.
	$\lambda T C I $	
	butions (see instructions for limitation rules) ATCH 1 usiness taxable income before net operating losses. Subtract line 4 from line 3	<b>4</b> 33,413. <b>5</b> 300,719.
	operating loss. See instructions	6
	ed business taxable income before specific deduction and section 199A deduction.	
	om line 5	7 300,719.
	n (generally \$1,000, but see instructions for exceptions)	8 1,000.
	99A deduction. See instructions	9
	Add lines 8 and 9	10 1,000.
	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,	
enter zero		<b>11</b> 299,719.
Part II Tax Com	outation	
1 Organizations ta	xable as corporations. Multiply Part I, line 11 by 21% (0.21)	1 62,941.
2 Trusts taxable	at trust rates. See instructions for tax computation. Income tax on the amount on	
Part I, line 11 fror	n: Tax rate schedule or Schedule D (Form 1041)	2
3 Proxy tax. See in	structions	3
4 Other tax amoun	s. See instructions	4
	um tax (trusts only)	5
	liant facility income. See instructions	6
7 Total. Add lines 3	through 6 to line 1 or 2, whichever applies	7 62,941.

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

Form	990-T	(2020)

Par	t III Tax and Payments			
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a			
b	Other credits (see instructions)			
С	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 1a through 1d			
2	Subtract line 1e from Part II, line 7		62,9	941.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement) 3			
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under			
	section 1294. Enter tax amount here		62,9	941.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4			
6 a	Payments: A 2019 overpayment credited to 2020			
b	2020 estimated tax payments. Check if section 643(g) election applies ▶ 6b 52,000.			
С	Tax deposited with Form 8868         6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941) 6f			
g				
	Form 4136         Other         Total ▶         6g			
7	Total payments. Add lines 6a through 6g	1	25,1	.56.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		62,2	215.
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax > 62, 215. Refunded > 11			
Par	t IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other	F	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign	1 country		
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfer			37
	foreign trust?	· • • • • •		X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year $\ldots$ $\ldots$ $\ldots$ $\triangleright$ \$			
	Did the organization change its method of accounting? (see instructions)			X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128?			
	explain in Part V	<u> </u>		
Par	t V Supplemental Information			

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here		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.					
	· -	IL PREUSS		CEO		discuss this return parer shown below	
	S	gnature of officer	Date	Title	(see instructions)	?XYes No	
		Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid		MARC BERGER			self-employed	P01871563	
Prepar		Firm's name BDO USA, LLP			Firm's EIN ► 13-5381590		
Use O	niy	Firm's address 🕨 8401 GREENSBORO DRI	IVE, #800, MC	LEAN, VA 22102	Phone no. 703-893-0600		
JSA 0X2741 1.	000					Form <b>990-T</b> (2020)	