

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 20 21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.			D Employer identification number 53-0212445	
	Doing Business As			E Telephone number (301) 230-7200	
	Number and street (or P.O. box if mail is not delivered to street address) 6101 EXECUTIVE BLVD		Room/suite 100		
	City or town, state or province, country, and ZIP or foreign postal code NORTH BETHESDA, MD 20852			G Gross receipts \$ 107,598,315.	
F Name and address of principal officer: GIL PREUSS SAME AS "C" ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: WWW.SHALOMDC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1948 M State of legal domicile: MD		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INSPIRE, BUILD, AND SUSTAIN VIBRANT JEWISH LIFE IN A CHANGING WORLD BY MOBILIZING OUR COMMUNITY IN COMMON PURPOSE, INTENTIONAL INNOVATION, AND EFFECTIVE ACTION.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 128.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 127.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 79.
	6 Total number of volunteers (estimate if necessary)	6 4,251.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 366,082.
7b Net unrelated business taxable income from Form 990-T, line 34	7b 299,719.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 35,947,840. Current Year 32,836,906.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,425,022. 12,042,305.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-591,929. -465,025.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,780,933. 44,414,186.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,906,382. 6,588,874.
16a Professional fundraising fees (Part IX, column (A), line 11e)		22,723. 59,715.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,978,919.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,110,611. 4,782,777.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		32,882,223. 32,700,259.
19 Revenue less expenses. Subtract line 18 from line 12	8,898,710. 11,713,927.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 260,201,202. End of Year 329,022,310.
	21 Total liabilities (Part X, line 26)	66,789,714. 82,458,878.
	22 Net assets or fund balances. Subtract line 21 from line 20.	193,411,488. 246,563,432.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	GIL PREUSS Type or print name and title		CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01871563
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590			
	Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102	Phone no. 703-893-0600			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

[] Yes [X] No

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

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

[] 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 services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 21,268,893. including grants of \$ 19,829,308.) (Revenue \$ 0.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 4,311,536. including grants of \$ 0.) (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 \$)

4e Total program service expenses 25,580,429.

Part IV Checklist of Required Schedules

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 79		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (128), 1b (127), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GIL PREUSS EXECUTIVE VICE PRESIDENT & CEO	55.00 0.	X		X				486,150.	0.	35,642.
(2) EILEEN FRAZIER COO - SEE SCH. O	55.00 0.			X				265,626.	0.	13,434.
(3) JUNE FALB CHIEF ENDOWMENT OFF-SEE SCH.O	55.00 0.					X		223,700.	0.	5,178.
(4) SHARI MERRILL CHIEF IMPACT OFFICER	55.00 0.					X		215,213.	0.	10,745.
(5) ZACHARY BRITON CHIEF DONOR EXPERIENCE OFFICER	55.00 0.					X		207,163.	0.	10,343.
(6) ELISA DEENER-AGUS CHIEF OF STAFF	55.00 0.					X		167,648.	0.	4,431.
(7) MICHELLE WACHTEL SENIOR DIRECTOR CAMPAIGN	55.00 0.					X		135,704.	0.	6,776.
(8) MARK L. LEVITT PRESIDENT	2.00 0.	X		X				0.	0.	0.
(9) SCOTT BROWN VICE PRESIDENT AT LARGE	2.00 0.	X		X				0.	0.	0.
(10) JOHANNA CHANIN VP LEADERSHIP & VOLUNTEER DEV.	2.00 0.	X		X				0.	0.	0.
(11) KERRY L. IRIS VP FOR WOMEN'S PHILANTHROPY	2.00 0.	X		X				0.	0.	0.
(12) SAMUEL G. KAPLAN VP, FINANCE & TREASURER	2.00 0.	X		X				0.	0.	0.
(13) JULIE E. KASS VP, STRATEGIC PLANNING & ALLOC	2.00 0.	X		X				0.	0.	0.
(14) JOCELYN B. KRIFCHER VP FOR FINANCIAL RESOURCE DEV.	2.00 0.	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JEFFREY RUM VP, STRATEGIC PLANNING & ALLOC	2.00 0.	X		X				0.	0.	0.
(16) SAMANTHA SISISKY VP FOR YOUNG LEADERSHIP	2.00 0.	X		X				0.	0.	0.
(17) ROBIN HETTLEMAN WEINBERG VP FOR DONOR ENGAGMNT & STEWAR	2.00 0.	X		X				0.	0.	0.
(18) ABBA J. BLUM PRESIDENTIAL APPOINTEE	2.00 0.	X		X				0.	0.	0.
(19) STEPHEN J. KELIN PRESIDENTIAL APPOINTEE	2.00 0.	X		X				0.	0.	0.
(20) NORMAN POZEZ PRESIDENTIAL APPOINTEE	2.00 0.	X		X				0.	0.	0.
(21) MICHELLE J. STRAVITZ PRESIDENTIAL APPOINTEE	2.00 0.	X		X				0.	0.	0.
(22) GARY BERMAN PAST PRESIDENT	2.00 0.	X		X				0.	0.	0.
(23) JOEL BRESLAU PAST PRESIDENT	2.00 0.	X		X				0.	0.	0.
(24) DAVID J. BUTLER PAST PRESIDENT	2.00 0.	X		X				0.	0.	0.
(25) DIANE S. FEINBERG PAST PRESIDENT	2.00 0.	X		X				0.	0.	0.
1b Sub-total								1,701,204.	0.	86,549.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,701,204.	0.	86,549.

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**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MICHAEL C. GELMAN ----- PAST PRESIDENT	2.00 ----- 0.	X		X				0.	0.	0.
(27) SUSAN R. GELMAN ----- PAST PRESIDENT	2.00 ----- 0.	X		X				0.	0.	0.
(28) JOSEPH B. GILDENHORN ----- PAST PRESIDENT	2.00 ----- 0.	X		X				0.	0.	0.
(29) EDWARD H. KAPLAN ----- PAST PRESIDENT	2.00 ----- 0.	X		X				0.	0.	0.
(30) IRENE R. KAPLAN ----- PAST PRESIDENT	2.00 ----- 0.	X		X				0.	0.	0.
(31) STUART S. KURLANDER ----- PAST PRESIDENT	2.00 ----- 0.	X		X				0.	0.	0.
(32) LIZA LEVY ----- PAST PRESIDENT	2.00 ----- 0.	X		X				0.	0.	0.
(33) PHILIP N. MARGOLIUS ----- PAST PRESIDENT	2.00 ----- 0.	X		X				0.	0.	0.
(34) IVAN M. SCHAEFFER ----- PAST PRESIDENT	2.00 ----- 0.	X		X				0.	0.	0.
(35) MATTHEW H. SIMON ----- PAST PRESIDENT	2.00 ----- 0.	X		X				0.	0.	0.
(36) ROBERT E. ZAHLER ----- PAST PRESIDENT	2.00 ----- 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) BRIAN E. ASHIN SECRETARY	2.00 0.	X		X				0.	0.	0.
(38) PAUL S. BERGER COUNSEL	2.00 0.	X		X				0.	0.	0.
(39) RISE AIN MEMBER	.70 0.	X						0.	0.	0.
(40) VIVIAN G. BASS MEMBER	.70 0.	X						0.	0.	0.
(41) GLENN BENSON MEMBER	.70 0.	X						0.	0.	0.
(42) BENJAMIN BERKOWITZ MEMBER	.70 0.	X						0.	0.	0.
(43) JOSHUA B. BERNSTEIN MEMBER	.70 0.	X						0.	0.	0.
(44) NORMAN BERNSTEIN MEMBER	.70 0.	X						0.	0.	0.
(45) MICHELE HYMER BLITZ MEMBER	.70 0.	X						0.	0.	0.
(46) PHILIP BLUMENTHAL MEMBER	.70 0.	X						0.	0.	0.
(47) HEIDI BRODSKY MEMBER	.70 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) ABBY CHERNER MEMBER	.70 0.	X					0.	0.	0.	
(49) MARCELLA COHEN MEMBER	.70 0.	X					0.	0.	0.	
(50) MORRIS COHEN MEMBER	.70 0.	X					0.	0.	0.	
(51) RACHEL WEINER COHEN MEMBER	.70 0.	X					0.	0.	0.	
(52) JASON M. CONWAY MEMBER	.70 0.	X					0.	0.	0.	
(53) EVA COWEN MEMBER	.70 0.	X					0.	0.	0.	
(54) LAURA K. CUTLER MEMBER	.70 0.	X					0.	0.	0.	
(55) EVA M. DAVIS MEMBER	.70 0.	X					0.	0.	0.	
(56) SHOLOM B. DEITSCH MEMBER	.70 0.	X					0.	0.	0.	
(57) JEFFREY S. DISTENFELD MEMBER	.70 0.	X					0.	0.	0.	
(58) RALPH S. DWECK MEMBER	.70 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) DAVID J. FARBER MEMBER	.70 0.	X					0.	0.	0.	
(60) CARLY FINKELSTEIN MEMBER	.70 0.	X					0.	0.	0.	
(61) JEFFREY I. FINKELSTEIN MEMBER	.70 0.	X					0.	0.	0.	
(62) MICHAEL FLYER MEMBER	.70 0.	X					0.	0.	0.	
(63) TOBY FRANK MEMBER	.70 0.	X					0.	0.	0.	
(64) FEDERICO COHEN FREUE MEMBER	.70 0.	X					0.	0.	0.	
(65) EDNA FRIEDBERG MEMBER	.70 0.	X					0.	0.	0.	
(66) ROCHELLE FRIEDMAN MEMBER	.70 0.	X					0.	0.	0.	
(67) RUTH FRIEDMAN MEMBER	.70 0.	X					0.	0.	0.	
(68) ALEXIS COHEN GANTSOUEDES MEMBER	.70 0.	X					0.	0.	0.	
(69) MORGAN GENDERSON MEMBER	.70 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
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**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) HOWARD GLECKMAN MEMBER	.70 0.	X					0.	0.	0.	
(71) HILLEL GOLDBERG MEMBER	.70 0.	X					0.	0.	0.	
(72) JOEL GOLDHAMMER MEMBER	.70 0.	X					0.	0.	0.	
(73) CAROL I. GORDON MEMBER	.70 0.	X					0.	0.	0.	
(74) NEIL GURVITCH MEMBER	.70 0.	X					0.	0.	0.	
(75) MARCI HANDLER MEMBER	.70 0.	X					0.	0.	0.	
(76) RACHEL M. HOFSTATTER MEMBER	.70 0.	X					0.	0.	0.	
(77) CANDACE KAPLAN MEMBER	.70 0.	X					0.	0.	0.	
(78) LAWRENCE KAPLAN MEMBER	.70 0.	X					0.	0.	0.	
(79) LESLIE A. KAPLAN MEMBER	.70 0.	X					0.	0.	0.	
(80) RONALD KAPLAN MEMBER	.70 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) STUART KASWELL MEMBER	.70 0.	X					0.	0.	0.	
(82) AYALA NURIELY KIMEL MEMBER	.70 0.	X					0.	0.	0.	
(83) SHELDON H. KLEIN MEMBER	.70 0.	X					0.	0.	0.	
(84) WILLIAM M. KREISBERG MEMBER	.70 0.	X					0.	0.	0.	
(85) SUSAN KRISTOL MEMBER	.70 0.	X					0.	0.	0.	
(86) ROCHELLE KUPFER MEMBER	.70 0.	X					0.	0.	0.	
(87) ESTHER LEDERMAN MEMBER	.70 0.	X					0.	0.	0.	
(88) STUART H. LESSANS MEMBER	.70 0.	X					0.	0.	0.	
(89) HENRY D. LEVINE MEMBER	.70 0.	X					0.	0.	0.	
(90) MARK L. LEZELL MEMBER	.70 0.	X					0.	0.	0.	
(91) MITCHELL I. MALASKY MEMBER	.70 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
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**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) LOUIS MAYBERG MEMBER	.70 0.	X					0.	0.	0.	
(93) ALAN L. MELTZER MEMBER	.70 0.	X					0.	0.	0.	
(94) ERIC MEYERS MEMBER	.70 0.	X					0.	0.	0.	
(95) JEAN R. MILBAUER MEMBER	.70 0.	X					0.	0.	0.	
(96) RIVA D. MIRVIS MEMBER	.70 0.	X					0.	0.	0.	
(97) BENJAMIN NUSSDORF MEMBER	.70 0.	X					0.	0.	0.	
(98) RONALD A. PAUL, M.D. MEMBER	.70 0.	X					0.	0.	0.	
(99) SAUL PILCHEN MEMBER	.70 0.	X					0.	0.	0.	
(100) KIM PRICE MEMBER	.70 0.	X					0.	0.	0.	
(101) JENN RAFAEL MEMBER	.70 0.	X					0.	0.	0.	
(102) DANIEL RASKAS MEMBER	.70 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) STEVEN REIN MEMBER	.70 0.	X					0.	0.	0.	
(104) SCOTT L. REITER MEMBER	.70 0.	X					0.	0.	0.	
(105) RACHEL RHODES MEMBER	.70 0.	X					0.	0.	0.	
(106) MERYL ROSENBERG MEMBER	.70 0.	X					0.	0.	0.	
(107) PAMELA R. ROSENBERG MEMBER	.70 0.	X					0.	0.	0.	
(108) RANDI SADUGOR MEMBER	.70 0.	X					0.	0.	0.	
(109) DEBORAH RATNER SALZBERG MEMBER	.70 0.	X					0.	0.	0.	
(110) JANIS SCHIFF MEMBER	.70 0.	X					0.	0.	0.	
(111) PHILIP D. SCHIFF MEMBER	.70 0.	X					0.	0.	0.	
(112) MARISSA SCHLAIFER MEMBER	.70 0.	X					0.	0.	0.	
(113) SUSAN SCHOR MEMBER	.70 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) MARLA SCHULMAN MEMBER	.70 0.	X					0.	0.	0.	
(115) BRIAN L. SCHWALB MEMBER	.70 0.	X					0.	0.	0.	
(116) KEN SCHWARTZ MEMBER	.70 0.	X					0.	0.	0.	
(117) DAVID D. SELDEN MEMBER	.70 0.	X					0.	0.	0.	
(118) HYIM SHAFNER MEMBER	.70 0.	X					0.	0.	0.	
(119) RAANAN SHAMES MEMBER	.70 0.	X					0.	0.	0.	
(120) JANE E. SHICHMAN MEMBER	.70 0.	X					0.	0.	0.	
(121) ALLON SHIFF MEMBER	.70 0.	X					0.	0.	0.	
(122) BEN SHLESINGER MEMBER	.70 0.	X					0.	0.	0.	
(123) LAWRENCE R. SIDMAN MEMBER	.70 0.	X					0.	0.	0.	
(124) MINDY STRELITZ MEMBER	.70 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) STUART TAUBER MEMBER	.70 0.	X					0.	0.	0.	
(126) EDWARD J. TOLCHIN MEMBER	.70 0.	X					0.	0.	0.	
(127) DAVID VOLOSOV MEMBER	.70 0.	X					0.	0.	0.	
(128) ERIC WACHTER MEMBER	.70 0.	X					0.	0.	0.	
(129) ELLEN KAGEN WAGHELSTEIN MEMBER	.70 0.	X					0.	0.	0.	
(130) EDWARD R. WEISS MEMBER	.70 0.	X					0.	0.	0.	
(131) NAOMI YADIN-MENDICK MEMBER	.70 0.	X					0.	0.	0.	
(132) CINDY ZITELMAN MEMBER	.70 0.	X					0.	0.	0.	
(133) STUART ZUCKERMAN MEMBER	.70 0.	X					0.	0.	0.	
(134) ABRAM ZWANY MEMBER	.70 0.	X					0.	0.	0.	
(135) MOLLY GRAVHOLT CFAO - SEE SCH. O	0. 0.			X			0.	0.	0.	
1b Sub-total							0.	0.	0.	
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**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	32,954.			
	b	Membership dues	1b				
	c	Fundraising events	1c	54,250.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	1,034,700.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	31,715,002.			
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 6,258,990.			
	h	Total. Add lines 1a-1f			32,836,906.		
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f			0.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		2,759,103.		224,581.	2,534,522.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
	6a	Gross rents	(i) Real	1,225,147.			
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b	1,738,816.			
	c	Rental income or (loss)	6c	-513,669.			
	d	Net rental income or (loss)			-513,670.	141,501.	-655,171.
	7a	Gross amount from sales of assets other than inventory	(i) Securities	70,728,515.			
			(ii) Other				
			7a				
	b	Less: cost or other basis and sales expenses . .	7b	61,445,313.			
	c	Gain or (loss)	7c	9,283,202.			
	d	Net gain or (loss)			9,283,202.		9,283,202.
8a	Gross income from fundraising events (not including \$ 54,250. of contributions reported on line 1c). See Part IV, line 18		0.				
		8a					
		8b	0.				
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events.			0.			
9a	Gross income from gaming activities. See Part IV, line 19		0.				
		9a					
		9b	0.				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities.			0.			
10a	Gross sales of inventory, less returns and allowances		0.				
		10a					
		10b	0.				
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory.			0.			
Miscellaneous Revenue	11a	OTHER MISCELLANEOUS INCOME	Business Code	900099	48,645.		48,645.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			48,645.		
12	Total revenue. See instructions			44,414,186.		366,082.	11,211,198.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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 foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	543,519.	201,102.	114,139.	228,278.
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.
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.
10 Payroll taxes	385,168.	156,248.	61,725.	167,195.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	110,350.	28,691.	80,814.	845.
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.
12 Advertising and promotion	21,386.	7,489.	2,230.	11,667.
13 Office expenses	756,344.	472,163.	46,729.	237,452.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	167,898.	18,533.	129,666.	19,699.
17 Travel	22,711.	2,931.	15,401.	4,379.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	4,893.	1,782.	2,641.	470.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	187,356.	3,478.	182,246.	1,632.
23 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.)				
a ALL OTHER EXPENSES	683,700.	352,342.	190,131.	141,227.
b MISSIONS	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 from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	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).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,373,759.		
	b Less: accumulated depreciation	10b 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.	
Liabilities	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	0.
	22 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	0.
	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	0.
	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.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	193,411,488.	32	246,563,432.
33 Total liabilities and net assets/fund balances.	260,201,202.	33	329,022,310.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,414,186.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,700,259.
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	44,580,293.
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	-3,142,276.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	246,563,432.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

Employer identification number 53-0212445

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 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 shown on line 11, column (f).						4,138,600.
6 Public support. Subtract line 5 from line 4						163,145,469.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	42,670,530.	29,716,816.	27,146,679.	35,947,839.	31,802,205.	167,284,069.
8 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	801,689.	507,487.	417,005.	468,908.	236,778.	2,431,867.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	674,630.	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. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	87.06%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	85.16%

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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 supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	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 responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(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 - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	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: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	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, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS INCOME	674,630.	556,984.	262,516.	170,978.	1,029,095.	2,694,203.
TOTALS	<u>674,630.</u>	<u>556,984.</u>	<u>262,516.</u>	<u>170,978.</u>	<u>1,029,095.</u>	<u>2,694,203.</u>

Schedule of Contributors

2020

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

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

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 1,900,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,203,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,038,608.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,025,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
53-0212445

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 1,034,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	STOCK _____ _____ _____	\$ 1,201,547.	06/30/2021
3	STOCK _____ _____ _____	\$ 1,038,608.	06/30/2021
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Employer identification number 53-0212445

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

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

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

Part II Conservation Easements.

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

Form with multiple sections for conservation easements, including checkboxes for purposes, a table for held at end of tax year, and various questions about monitoring and expenses.

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

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

Form with questions about reporting art and historical treasures, including amounts for revenue and assets.

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

Schedule D (Form 990) 2020

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	188,749,286.	190,756,443.	188,818,776.	172,247,948.	145,015,673.
b Contributions	11,794,537.	12,715,648.	8,723,211.	15,357,491.	22,729,465.
c Net investment earnings, gains, and losses	56,102,796.	1,188,735.	10,557,830.	15,932,675.	17,248,998.
d Grants or scholarships	17,163,251.	15,911,540.	17,343,374.	14,719,338.	12,746,188.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	239,483,368.	188,749,286.	190,756,443.	188,818,776.	172,247,948.

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

- a** Board designated or quasi-endowment ▶ 36.0100 %
- b** Permanent endowment ▶ 14.9700 %
- c** Term endowment ▶ 49.0200 %

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,534,100.		2,534,100.
b Buildings		17,991,086.	4,220,419.	13,770,667.
c Leasehold improvements				
d Equipment		1,411,559.	1,242,979.	168,580.
e Other		1,437,014.	899,257.	537,757.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,011,104.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGE FUNDS	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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	95,370,586.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AGENCIES	46,500,659.
(3) SPLIT INTEREST AGREEMENT	3,549,829.
(4) INTEREST RATE SWAP LIABILITY	629,942.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	50,680,430.

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 .

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

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

Table with 5 main rows and sub-rows (a-e). Row 1: 90,566,903. Row 2e: 46,620,728. Row 3: 43,946,175. Row 4c: 468,011. Row 5: 44,414,186.

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

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

Table with 5 main rows and sub-rows (a-e). Row 1: 33,932,248. Row 2e: 1,700,000. Row 3: 32,232,248. Row 4c: 468,011. Row 5: 32,700,259.

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for supplemental information.

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
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

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

Employer identification number
53-0212445

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA	0.	0.	INVESTMENTS	ISRAEL BONDS	4,461,509.
(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)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					84,187,286.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					84,187,286.

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

Schedule F (Form 990) 2020

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

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

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

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

Employer identification number 53-0212445

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					108,752.	59,715.	49,037.

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

DC, MD, NY, VA,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CORNERSTONE			(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	54,250.			54,250.
	2 Less: Contributions	54,250.			54,250.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

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

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

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

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

Employer identification number
53-0212445

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 70 FACES MEDIA 5280 8TH AVE., 4TH FL NEW YORK, NY 10018	13-0887610	501 C 3	10,000.				SEE PART IV, TYPE D
(2) ADAS ISRAEL CONGREGATION 2850 QUEBEC ST, NW WASHINGTON, DC 20008	53-0196563	501 C 3	13,818.				SEE PART IV, TYPE D
(3) AGUDAS ACHIM CONGREGATION 2908 VALLEY DR ALEXANDRIA, VA 22302-2428	54-0581100	501 C 3	17,000.				SEE PART IV, TYPE D
(4) AMERICAN UNIVERSITY - HILLEL KAY SPIRITUAL 4400 MASSACHUSETTS AVE WASHINGTON, DC 20016	52-6066696	501 C 3	23,983.				SEE PART IV, TYPE E
(5) AVODAH 125 MAIDEN LN RM 8B NEW YORK, NY 10038	13-3914342	501 C 3	25,000.				SEE PART IV, TYPE D
(6) BBYO 800 EIGHTH ST, NW WASHINGTON, DC 20001	31-1794932	501 C 3	41,709.				SEE PART IV, TYPE D
(7) BENDER JEWISH COMMUNITY CTR - GR WASHINGTON 6125 MONTROSE RD ROCKVILLE, MD 20852	53-0205921	501 C 3	1,161,731.				SEE PART IV, TYPE D
(8) BIKUR CHOLIM OF GREATER WASHINGTON 12320 PARKLAWN DR ROCKVILLE, MD 20852	52-2026976?	501 C 3	23,877.				SEE PART IV, TYPE D
(9) B'NAI B'RITH PERLMAN CAMP 11820 PARKLAWN DR. #380 ROCKVILLE, MD 20852	27-2025066	501 C 3	8,999.				SEE PART IV, TYPE D
(10) BNAI ISRAEL CONGREGATION 6301 MONTROSE RD. ROCKVILLE, MD 20852	53-0212444	501 C 3	9,228.				SEE PART IV, TYPE D
(11) B'NAI SHALOM OF OLNEY 18401 BURTFIELD DR OLNEY, MD 20832	52-0981756	501 C 3	6,225.				SEE PART IV, TYPE D
(12) CAMP AIRY AND CAMP LOUISE FOUNDATION INC. 5750 PARK HTS AVE. #306 BALTIMORE, MD 21215	52-0563083	501 C 3	88,862.				SEE PART IV, TYPE D

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

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

Employer identification number
53-0212445

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 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 BEACHWOOD, 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 listed in the line 1 table ▶ _____

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

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

Employer identification number
53-0212445

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GREATER WASHINGTON JEWISH COMMUNITY FDN 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
(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 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 listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

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

Employer identification number
53-0212445

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH COALITION AGAINST DOMESTIC ABUSE 133 ROLLINS AVE, STE 3 ROCKVILLE, MD 20852	52-2259318	501 C 3	49,719.				SEE PART IV, TYPE D
(2) JEWISH COMMUNITY CENTER NORTHERN VIRGINIA 8900 LITTLE RIVER TPKE FAIRFAX, VA 20031	54-1145849	501 C 3	375,387.				SEE PART IV, TYPE D
(3) JEWISH COMMUNITY RELATIONS COUNCIL (JCRC) 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) 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	501 C 3	10,000.				SEE PART IV, TYPE D

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(1) MILTON GOTTESMAN JEWISH DAY SCHOOL 6045 16TH ST, NW WASHINGTON, DC 20011	52-2115715	501 C 3	230,655.				SEE PART IV, TYPE E
(2) MOISHE HOUSE 441 SAXONY RD BARN 2 ENCINTAS, CA 92024	26-2599786	501 C 3	63,700.				SEE PART IV, TYPE D
(3) NATIONAL CONFERENCE SYNAGOGUE YOUTH 4001 CLARKS LANE BALTIMORE, MD 21215	13-5623717	501 C 3	5,224.				SEE PART IV, TYPE D
(4) NFTY MID ATLANTIC REGION 1 WEST 4TH ST NEW YORK, NY 10012	13-1663143	501 C 3	6,791.				SEE PART IV, TYPE D
(5) SHAARE TORAH INC 1409 MAIN ST GAITHERSBURG, MD 20878	52-1960913	501 C 3	6,500.				SEE PART IV, TYPE D
(6) SULAM 13300 ARCTIC AVE ROCKVILLE, MD 20853	52-2105076	501 C 3	25,000.				SEE PART IV, TYPE E
(7) SUNFLOWER BAKERY INC 5951 HALPINE RD ROCKVILLE, MD 20851	26-2797556	501 C 3	25,000.				SEE PART IV, TYPE D
(8) TEMPLE MICAH 976 BOWEN HILL RD EAST DORSET, VT 05253	23-2409730	501 C 3	60,000.				SEE PART IV, TYPE D
(9) TEMPLE RODEF SHALOM 2100 WESTMORELAND ST FALLS CHURCH, VA 22043	54-0733866	501 C 3	8,677.				SEE PART IV, TYPE D
(10) THE ASSOC JEWISH COMMUN FED OF BALTIMORE 101 WEST MOUNT ROYAL AV BALTIMORE, MD 21201	52-0607957	501 C 3	10,000.				SEE 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 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.				SEE PART IV, TYPE D

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**Grants and Other Assistance to Organizations,
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 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. 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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 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 C
(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 B
(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 B
(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 125 MAIDEN LANE #8B NEW YORK, NY 10038	13-3914342	501 C 3	15,500.				SEE PART IV, TYPE B

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 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

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(1) BRIGHT FACES 3023 NORTH CLARK ST CHICAGO, IL 60657	54-1639160	501 C 3	25,000.				SEE PART IV, TYPE A
(2) CAMP JUDAEA 2700 NE EXPRESSWAY, C-500 ATLANTA, GA 30345	58-6014651	501 C 3	19,000.				SEE PART IV, TYPE A
(3) CAMP RAMAH IN NEW ENGLAND 1206 BOSTON POST HIGHWAY NORWOOD, MA 02062	04-3035964	501 C 3	42,200.				SEE PART IV, TYPE A
(4) CAMPAIGN FOR THE FAIR SENTENCING OF YOUTH 1319 F ST NW, STE 303 WASHINGTON, DC 20004	27-3761788	501 C 3	10,000.				SEE PART IV, TYPE A
(5) CAPITAL AREA FOOD BANK 4900 PUERTO RICO AV NE WASHINGTON, DC 20017	52-1167581	501 C 3	5,732.				SEE PART IV, TYPE B
(6) CAPITAL CAMPS AND RETREAT CENTER 11300 ROCKVILLE PIKE ROCKVILLE, MD 20852	52-1515202	501 C 3	88,540.				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	58-1970134	501 C 3	7,500.				SEE PART IV, TYPE A
(9) CHABAD OF ROCKVILLE 6336 WINDERMERE CIRCLE ROCKVILLE, MD 20852	83-2442024	501 C 3	8,800.				SEE PART IV, TYPE B
(10) CHABAD SHUL OF POTOMAC 11701 GAINSBOROUGH ROAD POTOMAC, MD 20854	41-2100349	501 C 3	61,050.				SEE PART IV, TYPE B
(11) CHARLES E. SMITH JEWISH DAY SCHOOL 1902 EAST JEFFERSON ST ROCKVILLE, MD 20852	52-0961920	501 C 3	294,497.				SEE PART IV, TYPE B
(12) CHARLES E. SMITH LIFE COMMUNITIES 6121 MONTROSE ROAD ROCKVILLE, MD 20852-4856	53-0196508	501 C 3	74,535.				SEE PART IV, TYPE B

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(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 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 1310 L ST NW, #325 WASHINGTON, DC 20005	53-0219643	501 C 3	20,800.				SEE PART IV, TYPE A

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Employer identification number
53-0212445

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 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 PENNSYLVANIA 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 2020 W UNIVERSITY AVE GAINESVILLE, FL 32603	65-1090524	501 C 3	6,000.				SEE PART IV, TYPE A
(12) GARDEN OF REMEMBRANCE 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 organizations listed in the line 1 table ▶ _____
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GARDENS JEWISH EXPERIENCE 10800 N MILITARY TRI PLM BCH GDNS, FL 33410	35-2417359	501 C 3	6,000.				SEE PART IV, TYPE A
(2) GATHERDC 1817 M ST NW WASHINGTON, DC 20036	81-2318776	501 C 3	38,080.				SEE PART IV, TYPE B
(3) GEORGE WASHINGTON UNIVERSITY HILLEL 714 21ST ST NW 2 FL WASHINGTON, DC 20052	53-0196584	501 C 3	15,610.				SEE PART IV, TYPE A
(4) GEORGE WASHINGTON UNIVERSITY - HILLEL 2300 H ST NW WASHINGTON, DC 20037	52-6081729	501 C 3	17,900.				SEE PART IV, TYPE B
(5) GEORGETOWN UNIVERSITY 3300 WHITEHAVEN ST NW WASHINGTON, DC 20007	53-0196603	501 C 3	33,333.				SEE PART IV, TYPE A
(6) GESHER SCHOOL INC. 4800 MATTIE MOORE COURT FAIRFAX, VA 22030	54-1201968	501 C 3	115,922.				SEE PART IV, TYPE B
(7) GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BOULEVARD MIAMI, FL 33137	59-0624404	501 C 3	60,350.				SEE PART IV, TYPE A
(8) GREATER WASHINGTON COMMUNITY KOLLEL 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 listed in the line 1 table ▶

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Schedule I (Form 990) 2020

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**Grants and Other Assistance to Organizations,
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Employer identification number
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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 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

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(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 25 BROADWAY #1700 NEW YORK, NY 10004-1010	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 20005	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 20902	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

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 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 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 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 11223	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 organizations listed in the line 1 table ▶

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(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 B
(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 B
(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 B
(12) NICARAGUAN CHILDREN'S FRIENDSHIP COMMITTEE 223 TINGLEY ST SAN FRANCISCO, CA 34112	73-1682075	501 C 3	10,000.				SEE PART IV, TYPE A

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(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 8300 MEADOWBROOK DR CHEVY CHASE, MD 20815	52-0613672	501 C 3	25,180.				SEE PART IV, TYPE B
(3) ORT AMERICA, INC 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 government organizations listed in the line 1 table ▶ _____
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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

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

Employer identification number
53-0212445

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 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

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

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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

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

Employer identification number
53-0212445

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TEMPLE SINAI 3100 MILITARY ROAD NW WASHINGTON, DC 20015	53-0231513	501 C 3	13,004.				SEE PART IV, TYPE A
(2) TEXAS HILLEL 2105 SAN ANTONIO ST AUSTIN, TX 78705-0128	52-1758802	501 C 3	11,000.				SEE PART IV, TYPE A
(3) THE AMERICAN FRIENDS OF BEIT ISSIE SHAPIRO 25 WEST 45TH ST, #1405 NEW YORK, NY 10036	13-3434781	501 C 3	10,000.				SEE PART IV, TYPE A
(4) THE AMERICAN JEWISH JNT DISTRIBUTN COMMTEE 220 E. 42ND ST, STE 400 NEW YORK, NY 10017	13-1656634	501 C 3	63,193.				SEE PART IV, TYPE B
(5) THE ASPEN INSTITUTE 2300 N ST NW STE 700 WASHINGTON, DC 20037	84-0399006	501 C 3	15,000.				SEE PART IV, TYPE A
(6) THE BULLIS SCHOOL 10601 FALLS ROAD POTOMAC, MD 20854	52-0635080	501 C 3	6,930.				SEE PART IV, TYPE A
(7) THE DEFIANT REQUIEM FOUNDATION 5506 CONNECTICUT AV NW WASHINGTON, DC 20015	26-3238489	501 C 3	7,300.				SEE PART IV, TYPE A
(8) THE GOOD PEOPLE FUND 384 WYOMING AVE MILLBURN, NJ 07041	26-1887249	501 C 3	27,860.				SEE PART IV, TYPE A
(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 A
(10) THE JEWISH NATIONAL FUND 78 RANDALL AVE ROCKVILLE CENTER, NY 11570	13-1659627	501 C 3	59,874.				SEE PART IV, TYPE B
(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 A
(12) THE MICHAEL J. FOX FOUNDATION 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 listed in the line 1 table ▶

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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

Employer identification number
53-0212445

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 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 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 WALLENBERG PL WASHINGTON, DC 20024	52-1309391	501 C 3	124,658.				SEE PART IV, TYPE A

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

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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

Employer identification number
53-0212445

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 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 listed in the line 1 table ▶ 252.

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

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2:

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

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

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

SCHEDULE I, PART II, COLUMN H

PURPOSE OF GRANT OR ASSISTANCE:

TYPE DESCRIPTION

A - UJEF GRANTS FROM DAF

B - UJEF GRANTS FROM DAF AND ENDOWMENTS

C - UJEF GRANTS FROM ENDOWMENTS

D - JFGW - COMMUNAL SUPPORT

E - JFGW - JEWISH EDUCATION SUPPORT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number 53-0212445

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. **8** **9**

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

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

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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.

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

Part III Supplemental Information

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

PART I, LINE 7:

DISCRETIONARY BONUS PAID IN RECOGNITION FOR ACHIEVING CERTAIN PREVIOUSLY

AGREED UPON POSITION OBJECTIVES

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

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

2020

▶ **Attach to Form 990.**

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Department of the Treasury
Internal Revenue Service

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

Employer identification number
53-0212445

Part I Bond Issues

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

Part II Proceeds

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

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Schedule K (Form 990) 2020

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

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

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

PART I:

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

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

PART IV, LINE 3:

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

PART IV, LINE 6:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	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 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2020

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
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Employer identification number
53-0212445

FORM 990, PART VI, SECTION A, LINE 2:

PAUL BERGER/MERYL ROSENBERG - FAMILY RELATIONSHIP, 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

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

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

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

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

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

Employer identification number
53-0212445

ATTACHMENT 1

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.

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

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

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

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

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
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ATTACHMENT 4FORM 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,

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
53-0212445

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) JFGW BUILDING LLC 80-0898436 6101 EXECUTIVE BOULEVARD #100 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) JOSEPH AND ALMA GILDENHORN FOUNDATION 52-1487633 6101 EXECUTIVE BOULEVARD #100 NORTH BETHESDA, MD 20852	SEE PART VII	DC	501(C)(3)	12B	SEE PART VII		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 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.

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

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

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

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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

PART I, COLUMN (F)

JFGW BUILDING LLC

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

PART II

GILDENHORN FOUNDATION

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

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

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

For calendar year 2020 or other tax year beginning 07/01, 2020, and ending 06/30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	D Employer identification number 53-0212445
B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 6101 EXECUTIVE BLVD SUITE 100	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code NORTH BETHESDA, MD 20852	
		C Book value of all assets at end of year ▶ 329,022,310.	
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) ▶ 2			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶			
L The books are in care of ▶ MOLLY GRAVHOLT		Telephone number ▶ 301-230-7200	

6101 EXECUTIVE BLVD, STE 100
NORTH BETHESDA MD 20852

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	334,132.
2 Reserved	2	
3 Add lines 1 and 2	3	334,132.
4 Charitable contributions (see instructions for limitation rules) ATCH 1.	4	33,413.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	300,719.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	300,719.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	299,719.

Part II Tax Computation

1 Organizations taxable 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 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶	2	
3 Proxy tax. See instructions ▶	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant 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.

Part III Tax and Payments

Table with 11 rows for tax and payments. Includes sub-rows 1a-1e, 2, 3, 4, 5, 6a-6g, 7, 8, 9, 10, 11. Total tax due is 62,215.

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

Table with 4 rows of questions regarding foreign accounts, distributions, tax-exempt interest, and accounting changes. Includes Yes/No columns.

Part V Supplemental Information

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

Signature and preparer information section. Includes fields for officer signature (GIL PREUSS), preparer name (MARC BERGER), firm name (BDO USA, LLP), and address (8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102).