				DED TO MAY 15, 2	2024 Erom li		~ v	OMB No. 1545-0047	
For	_ Q	90	•	nization Exempt				2022	
1 011		50	Under section 501(c), 527, or 4947 Do not enter social sec	curity numbers on this form a			idations)		
Depa Intern	rtment o nal Rever	of the Treasury nue Service		Form990 for instructions and	-	-		Open to Public Inspection	
AF	or the	e 2022 calend	ar year, or tax year beginning J	UL 1, 2022 and	d ending J	UN 30, 2	023		
	B Check if C Name of organization D Employer identificat								
a	pplicable	THE	JEWISH FEDERATION	OF GREATER					
	Addres change Name	e WASH	INGTON, INC.						
	_chang	e Doing b	usiness as		12445				
	return _Final _return/	6101	and street (or P.O. box if mail is not de EXECUTIVE BLVD	E Telephoner (301)		7200			
_	termin ated Ameno		own, state or province, country, and H BETHESDA , MD 20	G Gross receipts \$ H(a) Is this a g		86,047,540.			
	_return _Applic _tion		nd address of principal officer: GIL			for subord			
L	pendir		AS C ABOVE			H(b) Are all subord			
ΙT	ax-exe	empt status:		(insert no.) 4947(a)(1)) or 📃 527			See instructions	
	Vebsit		SHALOMDC.ORG			H(c) Group exe	emption nu	umber	
ΚF			X Corporation Trust As	ssociation 🗌 Other	L Year	of formation: 19	48 м St	ate of legal domicile: MD	
Pa	_	Summary							
đ	1	Briefly describ	e the organization's mission or most	significant activities: TO I	NSPIRE	, BUILD,	AND	SUSTAIN	
nce		VIBRANT	JEWISH LIFE IN A (CHANGING WORLD I	BY MOBI	LIZING C	UR CO	MMUNITY	
Governance		Check this bo		ntinued its operations or dispo	osed of more	than 25% of its i	1 1		
jove			ting members of the governing body					129	
			lependent voting members of the gov					128	
Activities &					77				
viti			of volunteers (estimate if necessary)					2491	
Acti	7 a	Total unrelate	d business revenue from Part VIII, co	lumn (C), line 12				379,164.	
_	b	Net unrelated	business taxable income from Form	990-T, Part I, line 11			7b	545,186.	
						Prior Year	0.5	Current Year	
e	8	Contributions	and grants (Part VIII, line 1h)			52,838,9		31,922,381.	
Revenue		•					0.	0.	
Sev			come (Part VIII, column (A), lines 3, 4			8,977,6		9,498,982.	
-			e (Part VIII, column (A), lines 5, 6d, 8c			-345,8		-418,796.	
	12	Total revenue	- add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		61,470,7		41,002,567.	
			nilar amounts paid (Part IX, column (, , , , , , , , , , , , , , , , , , , ,		30,010,4		23,390,339.	
			to or for members (Part IX, column (A			<u> </u>	0.	0.	
es	15		r compensation, employee benefits (F			6,908,0		7,404,834.	
ens	16a		undraising fees (Part IX, column (A), I		1 2	42,8	/3.	65,373.	
Expenses	d b		ing expenses (Part IX, column (D), line			4,582,1	20	5,224,246.	
	''		es (Part IX, column (A), lines 11a-11d			$\frac{4,582,1}{41,543,5}$		36,084,792.	
			s. Add lines 13-17 (must equal Part I			$\frac{41,343,3}{19,927,2}$		4,917,775.	
 		Revenue less	expenses. Subtract line 18 from line	12		, <u>JZ</u> , <u>Z</u> ginning of Current		End of Year	
ts o unce		Tatal assists (-	12,109,1		22,575,462.	
Asse Bala	20	Total assets (F				74,381,6		70,544,631.	
Net Assets or Fund Balances	21 22		(Part X, line 26) fund balances. Subtract line 21 from	lino 20		37,727,5		52,030,831.	
	art II	Signature				5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	55• 2	52,050,051.	
			I declare that I have examined this return,	including accompanying schedule	es and stateme	ents, and to the bes	st of my kno	wledge and helief it is	
	•		. Declaration of preparer (other than office	• • • •		•			
<u></u>		,		,					
Sigr	n	Signature of o	ficer			Date			
Her		GIL PRE							
	-	Type or print n	-						
				Dueneusula signatura	11	Date	Check	PTIN	

	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE	YOKOBOSKY 05/1	5/24 self-employed P01273422				
Preparer	Firm's name COHNREZNICK LLP	Firm's EIN 22-1478099						
Use Only	Firm's address 14 SYLVAN WAY							
	PARSIPPANY, NJ 07	054-3801		Phone no. 973 - 228 - 3500				
May the IRS discuss this return with the preparer shown above? See instructions								
	consist to to come Link For Depertment's Reduction Act Nation and the constructions							

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2022)

	n 990 (2022) WASHINGTON, INC. 53-0212445 Page 2 rt III Statement of Program Service Accomplishments						
	Check if Schedule O contains a response or note to any line in this Part III						
1	Briefly describe the 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. (SEE SCHEDULE O)						
2	Did the organization undertake any significant program services during the year which were not listed on the						
	prior Form 990 or 990-EZ? Yes 🗴 No						
	If "Yes," describe these new services on Schedule O.						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?						
	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							
	ANNUAL CORE LOCAL, NATIONAL AND INTERNATIONAL ALLOCATIONS: ENSURING A						
	FEELING OF INCLUSION FOR OUR COMMUNITY MEMBERS; PROVIDING SENIORS,						
	HOLOCAUST SURVIVORS, IMPOVERISHED FAMILIES, AND THOSE WITH SPECIAL						
	NEEDS WITH THE SERVICES THEY REQUIRE TO LIVE COMFORTABLY AND WITH						
	DIGNITY; AND RESPONDING SWIFTLY TO CRISES AT HOME AND AROUND THE WORLD						
	ARE FOUNDATIONAL FEDERATION PRIORITIES. AT OUR CORE, WE WILL ALWAYS BE						
	COMMITTED TO CARING FOR OUR WHOLE COMMUNITY. FEDERATION IS HERE TO						
	CONNECT AND EMPOWER OUR COMMUNITY MEMBERS, ENSURING A MORE VIBRANT						
	JEWISH FUTURE FOR US ALL. ALLOCATIONS TO BENEFICIARY AGENCIES: THE						
	JEWISH FEDERATION OF GREATER WASHINGTON IS THE LARGEST SINGLE DONOR TO						
	<u>35 LOCAL AGENCIES THROUGHOUT DC, MD, AND NORTHERN VA, 14 NATIONAL</u>						
	ORGANIZATIONS, (SEE SCHEDULE O)						
4b	(Code:) (Expenses \$ 7,934,580. including grants of \$) (Revenue \$) (Re						
	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 LIFE,						
	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. (SEE SCHEDULE O)						
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)						
4d	Other program services (Describe on Schedule O.)						
	(Expenses \$ including grants of \$) (Revenue \$)						
4e	Total program service expenses 30,822,627.						
	Form 990 (202						
	SEE SCHEDULE O FOR CONTINUATION(S)						

INC.

WASHINGTON,

Part IV Checklist of Required Schedules

Form 990 (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u></u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6	х	
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	0	- 23	
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D. Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u>X</u>	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4	х	
1E	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	<u>^</u>	
15		15	х	
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	<u></u>	
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 "		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	
232003	12-13-22	Form	990	(2022)

232003 12-13-22

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Form	990 (2022) WASHINGTON, INC. 53-0212	<u>2445</u>	Р	age 4
Pa	t 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? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a	х	
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	X	<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	- 23	<u> </u>
C		040		x
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X 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? If "Yes," complete Schedule L, Part II	26		X 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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes." complete Schedule L. Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
54	Part V, line 1	34		x
352		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		<u> </u>
30		36		x
07	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u></u>
37		07		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
Fal				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		<u> </u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 72	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	12-13-22	Form	990	(2022)

5 2022.05090 THE JEWISH FEDERATION OF 13160515 147227 0615762-0615762.0990 06157621

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HE J	EWISH	FEDERATION	OF	GREATE

Form	990 (2022) WASHINGTON, INC.		53-0212	445	Р	age 5		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			1		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	77		х			
b								
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х	┝──		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	it)?	4a		X		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		<u>x</u>		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		├──		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			37		
	any contributions that were not tax deductible as charitable contributions?			6a		X X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons oi	gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).				37			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X	<u> </u>		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	<u> </u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?	1	 I	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u>x</u>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			37		
				8		X		
9	Sponsoring organizations maintaining donor advised funds.			-		77		
a				9a		X X		
b				9b				
10	Section 501(c)(7) organizations. Enter:		I					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:		I					
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	<u> </u>					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		(12a				
	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.			40-		_		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
h	Note: See the instructions for additional information the organization must report on Schedule O.							
D	Enter the amount of reserves the organization is required to maintain by the states in which the	126	I					
-	organization is licensed to issue qualified health plans	13b 13c						
	Enter the amount of reserves on hand			14-		x		
14a				14a 14b				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		<u> </u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		x		
	excess parachute payment(s) during the year?			15				
16	If "Yes," see the instructions and file Form 4720, Schedule N.	inco	202	16		x		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes " complete Form 4720. Schedule O	nicor	וס (16				
47	If "Yes," complete Form 4720, Schedule O.	hi, /:+:						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any active under section 4051, 4052 or 40522			47				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
000	If "Yes," complete Form 6069.			Form	990	(2022)		
232005	12-13-22			LOIU	550	(2022)		

2022.05090 THE JEWISH FEDERATION OF 06157621

13160515 147227 0615762-0615762.0990

	THE DEWISH FEDERATION OF GREATER			_
	990 (2022) WASHINGTON, INC. 53-0212		Р	age 6
Ра	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	respon	se
	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	<u></u>		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 129			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 128			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l i		
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>CA,FL,HI,IL,KS,KY,MD,MI,MN</u>			
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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			

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.

State the name, address, and telephone number of the person who possesses the organization's books and records 20 ERIC COLASUONNO - 301-230-7200

6101	EXECUTIVE	BLVD	STE	10)O, 1	NORTH	BETHE	SDA	, MD	20852
12-13-22	SEE	SCHEI	DULE	0	FOR	FULL	LIST	OF	STATES	5

232006 12-13-22

Form 990	(2022)
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7

13160515 147227 0615762-0615762.0990 2022.05090 THE JEWISH FEDERATION OF 06157621

THE	JEWISH	FEDERATION	OF	GREATER
WASE	HINGTON .	INC.		

Form 990 (2	2022)	WASHINGTO	N, ING	2.			53-0
Part VII	Compensation	of Officers, Di	irectors,	Trustees,	, Key Employees,	Highest	Compensated
	Employees an	d Independent	t Contrad	ctors			

s, and independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos hecku			ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week							from the	from related	other
	(list any hours for	direct				"		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trust	nal tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig emi	For			
(1) GIL PREUSS	55.00								0	47 100
EXECUTIVE VICE PRESIDENT & CEO		Х		Х				467,166.	0.	47,192.
(2) ZACHARY BRITON	55.00							242 102	0	20 015
CHIEF DEVELOPMENT OFFICER						X		243,192.	0.	20,915.
(3) MOLLY GRAVHOLT	55.00			77				246 012	0	6 270
CHIEF FINANCIAL AND ADMINISTRATIVE O	FF 00			Х				246,813.	0.	6,279.
(4) ELISA DEENER-AGUS CHIEF OF STAFF	55.00					x		102 216	0.	0 073
(5) SARAH KLEIN	55.00							182,316.	0.	9,073.
SENIOR DIRECTOR DONOR ENGAGEMENT	33.00					x		145,910.	0.	21,555.
(6) MICHELLE WACHTEL	55.00							145,510.	0.	21,355.
SENIOR DIRECTOR CAMPAIGN						x		140,801.	0.	14,901.
(7) MONICA HERMAN	55.00									
CHIEF MARKETING OFFICER						x		132,398.	0.	14,955.
(8) SAMUEL G. KAPLAN	2.00									
PRESIDENT		х		х				0.	0.	0.
(9) DEBORAH RATNER SALZBERG	2.00									
PRESIDENT UJEF		х		х				0.	Ο.	0.
(10) DAVID D. SELDEN	2.00									
VICE PRESIDENT AT LARGE		Х		Х				0.	0.	0.
(11) JOSHUA BROWN	2.00									
VP FOR YOUNG LEADERSHIP		Х		Х				0.	0.	0.
(12) JOHANNA CHANIN	2.00									
VP LEADERSHIP & VOLUNTEER DEV.		Х		Х				0.	0.	0.
(13) JEFFREY S. DISTENFELD	2.00									•
VP FOR FINANCE & TREASURER		Х		Х				0.	0.	0.
(14) KEVIN FISHKIND	2.00								•	•
VP, STRATEGIC PLANNING & ALLOC		Х		Х				0.	0.	0.
(15) KERRY L. IRIS	2.00								0	0
VP FOR WOMEN'S PHILANTHROPY	0.00	Х		Х				0.	0.	0.
(16) JULIE E. KASS	2.00								0	0
VP, STRATEGIC PLANNING & ALLOC		Х		Х				0.	0.	0.
(17) ROBIN HETTLEMAN WEINBERG	2.00	37		v					<u> </u>	
VP FOR FINANCIAL RESOURCE DEV.		Х		Х				0.	0.	0.
232007 12-13-22										Form 990 (2022)

ERATION OF GREATER	JEWISH	THE
ERATION OF GREATER	JEWISH	THE

WASHINGTON, INC.

53-0212445 Page 8

Form 990 (2022) WASHINGTO	N, INC.	,							53-0212	2445	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Em	ploy	ees, a	and	Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)		,	(C				(D)	(E)	(F	-)
Name and title	Average		F		tion	า		Reportable	Reportable	Estim	
Name and the	hours per		not che					· · ·	-		
	week		, unless cer and					compensation	compensation	amou	
	(list any	ы г						_ from the	from related	oth	
	hours for	irect						organization	organizations (W-2/1099-MISC/	comper from	
	related	or d	ee			sated		, , , , , , , , , , , , , , , , , , ,	•		
	organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organi and re	
	below	ual tr	ional		ploye	ee con		1099-INEC)			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organiz	auons
(18) JILL GRANADER	0.70	드	=	0	ž	<u> </u>	æ				
MEMBER	0.70	x						0.	0.		0
	0 70	^	\vdash	_		-		0.	0.	•	0.
(19) MARTY JANIS	0.70								0		•
MEMBER		Х						0.	0 .	,	0.
(20) SARAH ROSENTHAL	0.70										
MEMBER		Х						0.	0 .		0.
(21) JESSICA SHER	0.70										
MEMBER		х						0.	0 .		Ο.
(22) BRIAN E. ASHIN	2.00								•		
PRESIDENTIAL APPOINTEE	2.00	х		x				0.	0 .		Ο.
	2.00	<u> </u>	<u> </u>	^				0.	0.	,	
(23) SCOTT BROWN	2.00								0		^
PRESIDENTIAL APPOINTEE		Х	ŀŀ	X				0.	0 .	,	0.
(24) SUSAN KRISTOL	2.00										
PRESIDENTIAL APPOINTEE		Х		X				0.	0 .	,	0.
(25) MELANIE NUSSDORF	2.00										
PRESIDENTIAL APPOINTEE		Х		x				0.	0 .	,	Ο.
(26) RIVA MIRVIS	2.00										
PRESIDENTIAL APPOINTEE		х		x				0.	0 .		Ο.
								1,558,596.	0		870.
1b Subtotal	Castian A							0.	0		0.
c Total from continuation sheets to Part VII								1,558,596.	0.		870.
d Total (add lines 1b and 1c)								1 7 7		<u> 134</u> ,	0/0.
2 Total number of individuals (including but no	ot limited to th	ose	listed	l ab	ove	e) wh	o re	eceived more than \$100,0	000 of reportable		~ ~ ~
compensation from the organization											20
										Ye	es No
3 Did the organization list any former officer,	director, trust	ee, k	key er	nplo	oyee	e, or	hig	hest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for su	uch individual									3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4 X	2
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes." com										5	x
Section B. Independent Contractors	olete Schedule	e J /(or suc	'nр	ers	011 .				5	
•								• • • • • • • • • • • • • • • • • • •	100.000 - (- 1 ¹	
1 Complete this table for your five highest cor	-	-							-	ation from	
the organization. Report compensation for t	he calendar ye	ear e	ending	g wi	th c	or wi	thin	<u>,</u>	ear.		
(A)								(B)		(C)	
Name and business								Description of s	ervices	Compensa	ition
GARDA WORLD SECURITY SERV											
1699 SOUTH HANLEY RD, ST.	LOUIS,	Μ	0 6	531	14	4		SECURITY SERV	/ICES	358,	446.
HAROLD GRINSPOON FOUNDATI	ON										
67 HUNT STREET STE 100, A		MA	01	.00	01			BOOKS SUPPLIE	ER	313,	372.
SECURE COMMUNITY NETWORK	- /		-	-	-						
350 WEST HUBBARD ST, CHIC		6	065	54				SECURITY SERV	TCES	287	000.
NTIVA, INC., 7900 WESTPAR							_	DECORTIT DERV		207,	0001
	K DRIVE	''	SIE	5						254	125
A100, MCLEAN, VA 22012								IT SERVICES		<u> </u>	435.
NAVISTAR DIRECT MARKETING			•	_	• •					4	~ ^ ^ ^
4612 NAVISTAR DRIVE, FRED	ERICK,	MD	21	.7(03			MARKETING/ MA	AILING	186,	612.
2 Total number of independent contractors (in	cluding but n	ot lir	nited	to t	hos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz					7	7					
SEE PART VII, SECTION	A CONT	'IN	UAT	'I(ЛC	S	HE	ETS		Form 99	0 (2022)
232008 12-13-22											-

THE	JEWISH	FEDERATION	OF	GREATER
WASE	IINGTON ,	INC.		

	FON, INC.								53-021	2445
Part VII Section A. Officers, Directors, 1		nplo	yee			lighe	est (· ,	
(A) Name and title	(B) Average hours	(cł		Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MICHELLE J. STRAVITZ PRESIDENTIAL APPOINTEE	2.00	x		х				0.	0.	0.
(28) GARY BERMAN	2.00			21				0.	0.	0.
PAST PRESIDENT	2.00	х		х				0.	0.	0.
(29) JOEL BRESLAU	2.00									
PAST PRESIDENT		х		х				0.	0.	0.
(30) DAVID J. BUTLER	2.00									
PAST PRESIDENT		х		х				0.	0.	0.
(31) DIANE S. FEINBERG	2.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(32) MICHAEL C. GELMAN	2.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(33) SUSAN R. GELMAN	2.00									
PAST PRESIDENT		X		Х				0.	0.	0.
(34) JOSEPH B. GILDENHORN	2.00							0	0	0
PAST PRESIDENT		Х		Х				0.	0.	0.
(35) EDWARD H. KAPLAN	2.00	х		77				0.	0.	0
PAST PRESIDENT (36) IRENE R. KAPLAN	2.00	Λ		Х				0.	0.	0.
PAST PRESIDENT	2.00	х		х				0.	0.	0.
(37) STUART S. KURLANDER	2.00	~		Δ				0.	0.	
PAST PRESIDENT	2.00	х		х				0.	0.	0.
(38) MARK L. LEVITT	2.00									
PAST PRESIDENT		х		х				0.	0.	0.
(39) LIZA LEVY	2.00									
PAST PRESIDENT		х		х				0.	0.	0.
(40) PHILIP N. MARGOLIUS	2.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(41) IVAN M. SCHAEFFER	2.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(42) MATTHEW H. SIMON	2.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(43) ROBERT E. ZAHLER	2.00								•	<u> </u>
PAST PRESIDENT		Х		Х				0.	0.	0.
(44) DAVID YAFFE	2.00	v		v					<u>^</u>	•
SECRETARY	0.70	Х		Х				0.	0.	0.
(45) RISE AIN MEMBER	0.70	х						0.	0.	0.
(46) VIVIAN G. BASS	0.70	~						0.	0.	0.
MEMBER	0.70	х						0.	0.	0.
	1	- <u></u>	I					v•	V•	· · · ·

232201 04-01-22

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THE	JEWISH	FEDERATION	OF	GREATER
WASI	IINGTON ,	, INC.		

53-0212445

WASHINGTON,	INC.		10.	- •	01	0			53-021	2445
Section A. Officers, Directors, Trustee	es, Key Em	nplo	yees	s, ar	nd H	ighe	est (Compensated Employe	ees (continued)	
	(B) Average hours	(cł	l neck		tion		y)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
(li hc rr orga t	-	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
NJAMIN BERKOWITZ	0.70	x						0.	0.	0.
SHUA B. BERNSTEIN	0.70	x						0.	0.	0.
BERT BLOOM	0.70	x						0.	0.	0.
BY CHERNER	0.70	x						0.	0.	0.
RCELLA COHEN	0.70	x						0.	0.	0.
RRIS COHEN	0.70	x						0.	0.	0.
EXIS COHEN GANTSOUDES	0.70	x						0.	0.	0.
URA K. CUTLER	0.70	x						0.	0.	0.
A M. DAVIS	0.70	x						0.	0.	0.
HNAM DAYANIM	0.70	x						0.	0.	0.
OLOM B. DEITSCH	0.70	x						0.	0.	0.
AN EPSTEIN	0.70	x						0.	0.	0.
VID J. FARBER	0.70	x						0.	0.	0.
RLY FINKELSTEIN	0.70	x						0.	0.	0.
FFREY I. FINKELSTEIN	0.70	x						0.	0.	0.
CHAEL FLYER	0.70	x						0.	0.	0.
BY FRANK	0.70	x						0.	0.	0.
ARON FREUNDEL	0.70									0.
BYN GARNETT	0.70									0.
LLEL GOLDBERG	0.70									0.
BYN GARNETT	0.70	x x x						0. 0.	0. 0.	

THE J	EWISH	FEDERATION	OF	GREATER
WASHI	NGTON,	INC.		

	TON, INC.								53-021	2445
Part VII Section A. Officers, Directors,		nplo	yee			lighe	est (, ,	1
(A) Name and title	(B) Average hours	(cl		(C Posi ^r all t	tion		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(67) PAMELA GOTTLIEB MEMBER	0.70	x						0.	0.	0.
(68) RACHEL M. HOFSTATTER	0.70									
MEMBER		х						0.	0.	0.
(69) ELLEN KAGEN WAGHELSTEIN	0.70	v						0	0	0
MEMBER	0.70	Х			_			0.	0.	0.
(70) DAVID KANSTOROOM MEMBER	0.70	x						0.	0.	0.
(71) DANIELLE KAPLAN MEMBER	0.70	x						0.	0.	0.
(72) LAWRENCE KAPLAN	0.70									
MEMBER		Х						0.	0.	0.
(73) LESLIE A. KAPLAN MEMBER	0.70	x						0.	0.	0.
(74) RONALD KAPLAN	0.70	^			_			0.	0.	0.
MEMBER	0.70	x						0.	0.	0.
(75) STUART KASWELL	0.70									
MEMBER	0.70	Х						0.	0.	0.
(76) SELMA KUNITZ MEMBER	0.70	x						0.	0.	0.
(77) ESTHER LEDERMAN MEMBER	0.70	x						0.	0.	0.
(78) HENRY D. LEVINE MEMBER	0.70	x						0.	0.	0.
(79) JEREMY LEVINE MEMBER	0.70	x						0.	0.	0.
(80) MARC A. LEVITT	0.70									
MEMBER (81) MARK L. LEZELL	0.70	Х			_			0.	0.	0.
MEMBER	0.70	х						0.	0.	0.
(82) MITCHELL I. MALASKY	0.70	v						0	0	0
MEMBER (83) LOUIS MAYBERG	0.70	Х						0.	0.	0.
MEMBER		х						0.	0.	0.
(84) ALAN L. MELTZER	0.70	v							0	
MEMBER (85) JEAN R. MILBAUER	0.70	X						0.	0.	0.
MEMBER		х						0.	0.	0.
	0.70	x						0.	0.	0.
MEMBER (86) AYALA NURIELY KIMEL MEMBER Total to Part VII, Section A, line 1c	0.70									

THE	JEWISH	FEDERATION	OF	GREATER
WASE	INGTON,	INC.		

	ON, INC.								53-021	2445
Part VII Section A. Officers, Directors, Tr	rustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours	(cł	heck	Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(87) BENJAMIN NUSSDORF MEMBER	0.70	x						0.	0.	0.
(88) JEFFREY PURETZ MEMBER	0.70	x						0.	0.	0.
(89) JENNIFER RAFAEL	0.70									
MEMBER (90) DANIEL RASKAS	0.70	X						0.	0.	0.
MEMBER (91) STEVEN REIN	0.70	X						0.	0.	0.
(92) RACHEL RHODES	0.70	X						0.	0.	0.
MEMBER (93) SCOTT ROSEN	0.70	X						0.	0.	0.
MEMBER (94) JEFFREY RUM	0.70	x						0.	0.	0.
MEMBER		x						0.	0.	0.
(95) RUTH RUSKIN MEMBER	0.70	x						0.	0.	0.
(96) YOLANDA SAVAGE-NARVA MEMBER	0.70	x						0.	0.	0.
(97) PHILIP D. SCHIFF MEMBER	0.70	x						0.	0.	0.
(98) MARISSA SCHLAIFER MEMBER	0.70	x						0.	0.	0.
(99) MARLA SCHULMAN MEMBER	0.70	x						0.	0.	0.
(100) HYIM SHAFNER MEMBER	0.70	x						0.	0.	0.
(101) RAANAN SHAMES	0.70									
MEMBER (102) JANE E. SHICHMAN	0.70	X						0.	0.	0.
MEMBER (103) LAWRENCE R. SIDMAN	0.70	X						0.	0.	0.
MEMBER (104) CRAIG SIMON	0.70	X						0.	0.	0.
MEMBER (105) SAMANTHA SISISKY	0.70	x						0.	0.	0.
MEMBER		x						0.	0.	0.
(106) BRADLEY STILLMAN MEMBER	0.70	x						0.	0.	0.

THE	JEWISH	FEDERATION	OF	GREATER
WASE	IINGTON ,	INC.		

	GTON, INC.								53-021	2445
Part VII Section A. Officers, Directors		nplo	yee			lighe	est (, ,	
(A) Name and title	(B) Average hours	(cl		Pos	C) ition that	app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(107) MINDY STRELITZ MEMBER	0.70	x						0.	0.	0
(108) DAVID VOLOSOV	0.70									
MEMBER		х						0.	0.	0
(109) ERIC WACHTER	0.70									
MEMBER		х						0.	0.	0
(110) EDWARD R. WEISS	0.70									
MEMBER		х						0.	0.	0
(111) NAOMI YADIN-MENDICK	0.70									
MEMBER		х						0.	0.	0
(112) MICHELE ZUCKERMAN	0.70									
MEMBER		Х						0.	0.	0
(113) ABRAM ZWANY	0.70									
MEMBER		Х						0.	0.	0
(114) ELIJAH ENGELBOURG	0.70									
MEMBER		Х						0.	0.	0
(115) SUSAN KRUPKA	0.70									
MEMBER		х						0.	0.	0
(116) ESTHER FOER	0.70	.,							0	0
MEMBER	0.70	Х						0.	0.	0
(117) DANIEL HIRSCH MEMBER	0.70	x						0.	0.	0
(118) KEVIN BERMAN	0.70	^						0.	0.	0
MEMBER	0.70	x						0.	0.	0
(119) SHEILA BUDOFF	0.70	^						0.	0.	0
MEMBER	0.70	х						0.	0.	0
(120) JASON LEVY	0.70									
MEMBER		x						0.	0.	0
(121) THORN POZEN	0.70									
MEMBER		х						0.	0.	0
(122) RONNA BORENSTEIN-LEVY	0.70									
MEMBER		х						0.	Ο.	0
(123) JEFF KUPFER	0.70									
MEMBER		Х						0.	0.	0
(124) WILLIAM GALE	0.70									
MEMBER		Х						0.	0.	0
(125) ELISSA GOLDFARB	0.70	1								
MEMBER	-	Х						0.	0.	0
(126) EILEEN FRAZIER	0.70	1								
MEMBER		Х						0.	0.	0

THE	JEWISH	FEDERATION	OF	GREATER
WASI	IINGTON ,	, INC.		

53-0212445

	CON, INC.	•							53-021	2445
Part VII Section A. Officers, Directors, T		<u>nplo</u>	yee			lighe	est (, ,	
(A) Name and title	(B) Average hours	(cł		Pos	C) sition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(127) ROBERT FRIED MEMBER	0.70	x						0.	0.	0.
(128) AARON KAUFMAN MEMBER	0.70	x						0.	0.	0.
(129) JOCELYN B. KRIFCHER MEMBER	0.70	x						0.	0.	0.
(130) NANCY DUBER MEMBER	0.70	x						0.	0.	0.
(131) MICHAEL FRIEDMAN MEMBER	0.70	x						0.	0.	0.
(132) KAVITHA KASARGOD-STAUB	0.70									
MEMBER (133) JOSHUA MAXEY	0.70	X						0.	0.	0.
MEMBER (134) ILANA ROTHBERG	0.70	Х						0.	0.	0.
MEMBER (135) LISA SILVER	0.70	х						0.	0.	0.
MEMBER		X						0.	0.	0.
		-								
		-								
		-								
Total to Part VII, Section A, line 1c										

THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.

			2022) WASHINGTON, 1	INC.			53-0212	445 Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
s co	1	2	Federated campaigns 1a					
anta	'							
ŝã								
Contributions, Gifts, Grants and Other Similar Amounts			· · · · · · · · · · · · · · · · · · ·					
ilar İlar			Related organizations 11					
Sim's,			Government grants (contributions) 1e					
er Co		f	All other contributions, gifts, grants, and					
, the			similar amounts not included above 1f	31,922,381.				
d tr		g	Noncash contributions included in lines 1a-1f	6,317,965.				
<u>n n</u>		h	Total. Add lines 1a-1f		31,922,381.			
				Business Code				
e	2	а						
Program Service Revenue		b						
Se		с						
am		d						
- DB CB CB CB CB CB CB CB CB CB CB CB CB CB		е						
Å		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)		4,028,241.		606,762.	3421479.
	4		Income from investment of tax-exempt bond		· · ·			
	5		Royalties					
	Ŭ		(i) Real	(ii) Personal				
	6	~						
	0							
				•	-596,366.		-227,598.	-368,768.
	-		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other	550,500.		227,350.	300,700.
	'	а						
			assets other than inventory 7a 48,113,292	. 243,493.				
		b	Less: cost or other basis					
nue			and sales expenses					
evenue			Gain or (loss)					
å			Net gain or (loss)	·····	5,470,741.			5470741.
Other Re	8	а	Gross income from fundraising events (not					
ð			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	3				
		b	Less: direct expenses	b				
		с	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a	a				
		b	Less: direct expenses					
		с	Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances 10	а				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
				Business Code				
sn	11	•						
ue Ue								
llar ven		b						
Miscellaneous Revenue		c	All - 11	900009	177 570	177 570		
Ξ.			All other revenue		177,570.			
			Total. Add lines 11a-11d		177,570.		270 164	0503450
	12		Total revenue. See instructions		41,002,567.	177,570.	379,164.	8523452.
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2022.05090 THE JEWISH FEDERATION OF 06157621

THE JEWISH FEDERATION OF GREATER WACUTNOMON TNC

Form 990 (202		5
Part IX St	tatement of Functional Expenses	
Section 501(c)	(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete colum	n (A).
	Check if Schedule O contains a response or note to any line in this Part IX	

Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 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	23,390,339.	23,390,339.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	830,979.	462,468.	149,113.	219,398.					
6	Compensation not included above to disqualified									
	persons (as defined under section $4958(f)(1)$) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	5,348,790.	2,978,289.	958,720.	1,411,781.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	238,234.	131,631.	43,435.	63,168.					
9	Other employee benefits	543,977.	300,561.	99,180.	144,236.					
10	Payroll taxes	442,854.	244,689.	80,742.	117,423.					
11	Fees for services (nonemployees):									
а	Management									
b	Legal	36,612.	29,939.	1,986.	4,687.					
С	Accounting	119,976.	39,592.	80,384.						
d	Lobbying									
	Professional fundraising services. See Part IV, line 17	65,373.			65,373.					
f		642,874.		642,874.						
g	Other. (If line 11g amount exceeds 10% of line 25,	4			105 100					
	column (A), amount, list line 11g expenses on Sch 0.)	1,506,332.	1,218,919.	161,011.	126,402.					
12	Advertising and promotion	58,748.	47,571.	2,388.	8,789.					
13	Office expenses	806,847.	518,279.	148,837.	139,731.					
14	Information technology	518,944.	309,635.	80,980.	128,329.					
15	Royalties	F0 124	22 640	10 45 6	1 - 0 2 0					
16	Occupancy	58,134.	32,648.	10,456.	15,030.					
17	Travel	183,476.	147,790.	14,492.	21,194.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	260,353.	216,168.	24,680.	19,505.					
19 00	Conferences, conventions, and meetings	86,582.	45,134.	23,253.	19,505.					
20	Interest	00,502.	40,104.	43,433.	10,193.					
21	Payments to affiliates	134,368.	44,341.	90,027.						
22 22	Depreciation, depletion, and amortization	123,151.	69,516.	21,113.	32,522.					
23 24	Insurance Other expenses. Itemize expenses not covered	123,131.	0,510.	<u> </u>	54,544.					
24	above. (List miscellaneous expenses not covered ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)									
а	SECURITY SERVICES	536,123.	536,022.	101.						
b	BAD DEBT EXPENSE	92,341.	30,472.	61,869.						
с	DUES AND SUBSCRIPTIONS	59,385.	28,624.	14,411.	16,350.					
d										
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	36,084,792.	30,822,627.	2,710,052.	2,552,113.					
26	$\ensuremath{\textbf{Joint costs}}$. Complete this line only if the organization									
	(D) is interested for an electric (D) is interested for an electric d	1	1							

232010 12-13-22

Check here

Form 990 (2022)

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

orm	990	(2022)	

THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.

	n 990 (2			53-	0212445 Page 11
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	16,844,070.	2	15,845,474.
	3	Pledges and grants receivable, net	2,094,680.	3	2,328,187.
	4	Accounts receivable, net	1,701,746.	4	2,487,952.
	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		5	
	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)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	606,913.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 22, 323, 054.			
	b	Less: accumulated depreciation	16,380,427.	10c	
	11	Investments - publicly traded securities	160,454,220.	11	
	12	Investments - other securities. See Part IV, line 11	107,998,638.	12	139,354,300.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,635,333.	15	7,842,183.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	312,109,114.	16	322,575,462.
	17	Accounts payable and accrued expenses	3,362,309.	17	2,792,176.
	18	Grants payable	12,594,896.	18	12,125,715.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	8,600,000.	20	8,600,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	00	controlled entity or family member of any of these persons	5,473,933.	22	4,745,306.
_	23	Secured mortgages and notes payable to unrelated third parties	5,475,955.	23	4,745,500.
	24 25	Unsecured notes and loans payable to unrelated third parties		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
			44,350,471.	25	42,281,434.
	26	of Schedule D Total liabilities. Add lines 17 through 25	74,381,609.	26	70,544,631.
	20	Organizations that follow FASB ASC 958, check here X	, 1, 501, 0050	20	, , , , , , , , , , , , , , , , , , , ,
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	99,937,923.	27	108,226,849.
3als	28	Net assets with donor restrictions	137,789,582.	28	143,803,982.
l pr		Organizations that do not follow FASB ASC 958, check here			
μ		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	237,727,505.	32	252,030,831.
_	33	Total liabilities and net assets/fund balances	312,109,114.	33	322,575,462.
					Form 990 (2022)

Form 990 (2022)

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THE JEWIS	H FEDERATION	OF	GREATER
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Form	990 (2022) WASHINGTON, INC.	53-	0212	445	Pag	_{ge} 12
Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,002		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,084		
3	Revenue less expenses. Subtract line 2 from line 1	3		,917		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,727		
5	Net unrealized gains (losses) on investments	5	9	,385	5,5	<u>51.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	252	,030),83	<u>31.</u>
Par	rt 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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		

Form **990** (2022)

232012 12-13-22

(Fo	rm 99	DULE A 0) f the Treasury	C	OMB No. 1545-0047							
		ue Service			ttach to Form 990 or Fo Form990 for instructior			ormation.		Inspection	
WASHINGTON, INC. 53								identification number $3-0212445$			
Pa	rtl	Reason	or Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.		
1 2 3 4	organi	A church, cor A school desc A hospital or A medical res city, and state	vention of ch ribed in sect a cooperative earch organiz	urches, or association tion 170(b)(1)(A)(ii). hospital service orga cation operated in co	For lines 1 through 12, cl on of churches described (Attach Schedule E (Form anization described in se njunction with a hospital	in section 990).) ection 170 described	n 170(b)((b)(1)(A)(ii in sectio	ii). n 170(b)(1)(A			
5					llege or university owned	or operate	ed by a go	overnmental u	nit describe	a in	
6 7 8	X	A federal, stat An organization section 170(b	e, or local go on that norma b)(1)(A)(vi). (C	ally receives a substa Complete Part II.)	nental unit described in s ntial part of its support fr (1)(A)(vi). (Complete Part	om a gove			ne general p	public described in	
	\square	-					ad in aanii	nation with a	land grant		
9		•			in section 170(b)(1)(A)(i ulture (see instructions).				•	•	
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 organizatio	on organized	and operated exclus	ively to test for public saf	ety. See	section 50	09(a)(4).			
12 a b		more publicly lines 12a thro Type I. A su the support organization Type II. A s	supported or ugh 12d that upporting orga ed organization. You must upporting org	ganizations describe describes the type o anization operated, s on(s) the power to re complete Part IV, Se ganization supervised	ively for the benefit of, to ad in section 509(a)(1) o f supporting organizatior upervised, or controlled gularly appoint or elect a ections A and B. I or controlled in connect anization vested in the sa	and composite supposed on the section of the sectio	509(a)(2). plete lines ported org of the direct s supporte	See section and the section of the	509(a)(3). (12g. ypically by es of the su n(s), by hav	Check the box on giving ipporting ing	
			-			ane perso	113 11121 00		ge the supp	Joned	
с		Type III fun	ctionally inte	• •	g organization operated). You must complete F				lly integrate	d with,	
d		Type III noi	-functionally	y integrated. A supp	oorting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	ation(s)	
		that is not f	unctionally int	tearated. The organiz	ation generally must sati	sfv a distr	ibution red	uirement and	l an attentiv	veness	
				с с	nplete Part IV, Sections	•		•			
e		Check this	box if the org	anization received a	written determination from nally integrated supporting	m the IRS	that it is a		II, Type III		
f	Ente	er the number o	of supported of	organizations							
g				n about the supporte							
	(i	i) Name of suppo	rted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	anization listed ng document?	(v) Amount or		(vi) Amount of other	
		organization			above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)	
Tota	al										

THE JEWISH FEDERATION OF GREATER Schedule A (Form 990) 2022 WASHINGTON, INC. 53-0212445 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
(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.)

Calendar year (of fixel year beginning in embership fees recorded. (Do not include any functual grants.) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total membership fees recorded. (Do not include any functual grants.) 2 Tax revenues level for the enganization is behaft 27146679.35947840.32836906.52838985.31922381.180692791 3 The value of services or faitilies functions benefit and ether pad to or expended in its behaft 27146679.35947840.32836906.52838985.31922381.180692791 5 The portion of total contributions by seah person (other than a governmental unit or publicly supported organization) included on ine 11 that exceeds 2% of the amount shown on line 11, column (f) 1 column fit (a) 2018 (b) 2019 (c) 2020 (d) 2021 (d) 2022 (f) Total 7 Amounts from line 4 27146679.35947840.32836906.52838985.31922381.180692791 21746679.35947840.32836906.52838985.31922381.180692791 6 Obelic support. Setter is true to the setter is the sett	Sec	tion A. Public Support						
membership fees received. (bo not include any 'unusual grants.') 27146679.35947840.32836906.52838985.31922381.80692791 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalt 27146679.35947840.32836906.52838985.31922381.80692791 3 The value of services or facilities furnished by a governmental unit to the organization without charge 27146679.35947840.32836906.52838985.31922381.80692791 4 Total. Add lines 1 through 3 27146679.35947840.32836906.52838985.31922381.80692791 5 The partion of total contributions by each person (ther than a government unit or publicly supported organization included on line 1 thackceeds 2% of the amount shown on line 11, column (f) 27146679.35947840.32836906.52838985.31922381.80692791 6 Public support. Software 5 them text Section B. Total Support 27146679.35947840.32836906.52838985.31922381.180692791 7 Amounts from line 4 27146679.35947840.32836906.52838985.31922381.180692791 8 Gross income from similar sources and lincome from similar sources and fincome from similar sources and fincome from similar sources and fincome from similar sources and lincome from similar sources and lincome from similar sources and fincome	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Include any "unusual grants.") 27146679.35947840.32836906.52838985.31922381.80692791 2 Tax revenues levied on its behalf	1	Gifts, grants, contributions, and						
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232022 12-09-22

THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.

 Schedule A (Form 990) 2022
 WASHINGTON, INC.

 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-					+	
ization'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 disgualified 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		1	-	-		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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 on 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 t	•					nization,
check this box and stop here		-				
Section C. Computation of Publ		-				
15 Public support percentage for 2022	line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve						
17 Investment income percentage for 218 Investment income percentage from			line 13, column (f))		17 18	<u>%</u>
19a 33 1/3% support tests - 2022. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the		•		••••		/3%, and
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizati						
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THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.

1

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Schedule A (Form 990) 2022 WASI

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

Section A. All Supporting Organizations

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

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 Schedule A (Form 990) 2022
 WASHINGTON, INC.

 Part IV
 Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
U	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
			res	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers acting in the organization of the organization.			
	directors, or trustees at all times during the tax year? 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 supp	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	1 1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ity (see instructior	i <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	2a		
b	Did the activities described on 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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2.5		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		20		
L	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	<u>3a</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01-		
00005	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b Schedule A (Fori	n 0001	2000
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	na Oraani	zations	53-0212445 Page 6
	<u> </u>		- Part VI) Soo instructions
		•	η Part VI). See instructions.
		(A) Prior Year	(B) Current Year (optional)
Makaharat serihi sela			
· · ·			
*			
· · ·	5		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	6		
	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
	ally integrated	d Type III supporting or	ganization (see
	adule A (Form 990) 2022 WASHINGTON, INC. rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mution A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) tion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4	Bedule A (Form 990) 2022 WASHINGTON, INC. TV Type III Non-Functionally Integrated 509(a)(3) Supporting Organization satisfied the Integral Part Test as a qualifying trust on N All other Type III non-functionally integrated supporting organizations must complete S All other Type III non-functionally integrated supporting organizations must complete S 1 Recoveries of prioryear distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Ation B - Minimum Asset Amount Average monthly value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a 3 Average monthly value of securities 1a 3 Average monthly value of securities 2 1d Discount claimed for blockage or other factors 2 3 Guid lines 1a, 1b, and 1c) <td< th=""><th>adule A (Form 990) 2022 WASHINGTON, INC. TY Dye III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain) All other Type III non-functionally Integrated supporting organizations must complete Sections A through E. tion A - Adjusted Net Income (A) Prior Year Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ton B - Minimum Asset Amount (A) Prior Year Agaregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthy value of sucurities 1a 2 Average monthy value of sucurities 1a 3 Average monthy value of sucurities 1a 3 Average monthy value of sucur</th></td<>	adule A (Form 990) 2022 WASHINGTON, INC. TY Dye III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain) All other Type III non-functionally Integrated supporting organizations must complete Sections A through E. tion A - Adjusted Net Income (A) Prior Year Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ton B - Minimum Asset Amount (A) Prior Year Agaregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthy value of sucurities 1a 2 Average monthy value of sucurities 1a 3 Average monthy value of sucurities 1a 3 Average monthy value of sucur

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instructions).

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	dule A (Form 990) 2022 WASHINGTON , I		·	5	3-0212445 Page 7
Par		(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(1)	(**)	10	()
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

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hedule A ((Form 990) 2022	THE JEWIS WASHINGTO			OF GREA	T.EK	53	-0212445	Page 8
art VI	Supplemental Info Part IV, Section A, lines ⁻ line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	rmation. Provide 1 1, 2, 3b, 3c, 4b, 4c, 5 , lines 2 and 3; Part I	he explana a, 6, 9a, 9t V, Section I	tions required b, 9c, 11a, 11b, E, lines 1c, 2a,	and 11c; Par 2b, 3a, and 3	t IV, Section B o; Part V, line 1	e 17a or 17b; I , lines 1 and 2 ; Part V, Sect	Part III, line 12; ; Part IV, Sectio ion B, line 1e; P	n C,
28 12-09-22	2	2-0615762.0		27 2022.050				nedule A (Form	990) 2022

SC	HEDULE D	Supplementa	al Financial Statements	OMB No. 1545-0047
	n 990)	Complete if the organ	nization answered "Yes" on Form 990,	2022
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.	Open to Public
Interna	Revenue Service		0 for instructions and the latest information.	Inspection
Nam	e of the organization	on THE JEWISH FEDERATI WASHINGTON, INC.	ION OF GREATER	Employer identification number 53-0212445
Par	rt I Organiza	ations Maintaining Donor Advised	d Funds or Other Similar Funds or Ac	
		n answered "Yes" on Form 990, Part IV, lin		
			(a) Donor advised funds (I	b) Funds and other accounts
1	Total number at er	nd of year	311	
2	Aggregate value of	f contributions to (during year)	11,431,895.	
3	Aggregate value of	f grants from (during year)	14,429,079.	
4		t end of year		
5	-		writing that the assets held in donor advised fund	
			exclusive legal control?	
6	U U	•	dvisors in writing that grant funds can be used or	•
			r donor advisor, or for any other purpose conferri	
Par	impermissible priva		ganization answered "Yes" on Form 990, Part IV,	
1		servation easements held by the organization	· · · · ·	
-		n of land for public use (for example, recreat		rically important land area
		f natural habitat	Preservation of a certif	
	Preservation	n of open space		
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a cor	servation easement on the last
	day of the tax year	r.		Held at the End of the Tax Year
а	Total number of co	onservation easements		2a
b	•			2b
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conserv	vation easements included in (c) acquired a	after July 25,2006, and not on a	
				2d
3			eased, extinguished, or terminated by the organiz	zation during the tax
	year			
4 5		where property subject to conservation eas		
5		tion have a written policy regarding the per orcement of the conservation easements it		Yes No
6	•		handling of violations, and enforcing conservation	
•				· · · · · · · · · · · · · · · · · · ·
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	ements during the year
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h))(4)(B)(ii)?		YesNo
9		•	on easements in its revenue and expense stateme	
			ote to the organization's financial statements that	t describes the
Dai	organization's accord	ounting for conservation easements.	Art, Historical Treasures, or Other Si	imilar Assots
Fai		f the organization answered "Yes" on Form		initial Assets.
10			8, not to report in its revenue statement and bala	nco shoot works
Ia	•	· •	blic exhibition, education, or research in furtheran	
			icial statements that describes these items.	
b			8, to report in its revenue statement and balance	sheet works of
			exhibition, education, or research in furtherance	
		ing amounts relating to these items:		
	-			\$
				•
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financial gain, p	
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:	
		eduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022
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Par	t III Organizations Maintaining C							s (continu	ed)
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other record	s, check any of the f	ollowing that	make si	gnificant u	se of its		
а	Public exhibition	d	Loan or exc	hange progra	ım				
b	Scholarly research	e		nange pregra					
c	Preservation for future generations	·							
4	Provide a description of the organization's co	lections and explain	how they further th	ne organizatio	n's even	nnt nurnos	e in Part	XIII	
5	During the year, did the organization solicit o						o intrare	/	
Ŭ	to be sold to raise funds rather than to be ma							Yes	No No
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa		cie il the organizatio	in answered	103 011	1 0111 000,	r art iv,	1110 0, 01	
1a	Is the organization an agent, trustee, custodi		iary for contributions	s or other ass	ets not i	ncluded			
	on Form 990, Part X?		•					Yes	No
h	If "Yes," explain the arrangement in Part XIII						∟		
D			lowing table.					Amount	
~	Beginning balance					1c			
	Additions during the year								
-	Distributions during the year					. <u>ie</u> 1f			
f 2e	Ending balance Did the organization include an amount on Fe							Yes	No
	If "Yes," explain the arrangement in Part XIII.					LY ?	∟		
Par						0			
		(a) Current year	(b) Prior year	(c) Two year		(d) Three ye	ars hack	(e) Four y	ears hack
4.0	Designing of year balance	229,047,848.	239,483,368.	188,749		190,75		. , ,	18,776.
	Beginning of year balance	807,852.	23,232,971.	11,794			5,648.		23,211.
	Contributions	4,366,459.	-16,096,842.	56,102					57,830.
	Net investment earnings, gains, and losses	, ,					8,735.		
	Grants or scholarships	4,156,657.	20,421,649.	14,244	, 329.	12,99	2,540.	17,3	43,374.
е	Other expenditures for facilities								
	and programs	155 000 650	0.050.000	0.010			0 000		
	Administrative expenses	157,933,670.	-2,850,000.		922.	-	.9,000.	1	FC 442
g	End of year balance	72,131,832.	229,047,848.	239,483	,368.	188,74	9,286.	190,7	56,443.
2	Provide the estimated percentage of the curr) held as:					
а	Board designated or quasi-endowment	51.0000	_%						
b	Permanent endowment 9.0000	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administer	ed for th	е		5	
	organization by:							· []'	es No
	(i) Unrelated organizations							3a(i)	<u>X</u>
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm				B 1.1/				
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	, Part X,	line 10.			
	Description of property	(a) Cost or o basis (investn	• • •	or other (other)	• •	ccumulated preciation	b	(d) Book	value
10	Land		,	4,100.		oroolation		2,534	100.
	Land			9,498.	5 1	159,42	2, 1	2,334	
	Buildings Leasehold improvements			<u>, , , , , , , , , , , , , , , , , , , </u>	5,1	,		-,010	, . ,
			9.0	3,991.	5	564,12	2	419	,869.
	Equipment			5,465.		585,43			,032.
	Other			· · ·				5,914	
rota	. Add lines 1a through 1e. (Column (d) must e	qual ⊢orm 990, Part .	<u>x, column (B), line 1</u>	UC.)		<u></u>			•
							scheaule	D (Form	ອອ∪) 2022

232052 09-01-22

THE	JEWISH	FEDERATION	OF	GREATER
WASH	INGTON	, INC.		

	D (Form 990) 2022	WASHINGTON,	INC.	53	3-0212445 Page 3
Part V		Other Securities.			
				11b. See Form 990, Part X, line 12.	
(a) Desc	cription of security or catego	Ory (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
.,					
	ely held equity interests				
(3) Othe				000	
\rightarrow	HEDGE FUNDS	77	89,065,917. 50,288,383.	COST	
	PRIVATE EQUIT	ĽΥ	50,200,303.	COST	
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	L (b) must squal Form 000	Dart V. col. (D) line 12.)	139,354,300.		
Part V	I. (b) must equal Form 990,	Part X, col. (B) lille 12.)	139,334,300		
I art V		-	on Form 990 Part IV line 1	11c. See Form 990, Part X, line 13.	
	(a) Description of i		(b) Book value	(c) Method of valuation: Cost or en	nd-of-vear market value
(1)					
<u>(1)</u> (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	l. (b) must equal Form 990,	Part X col (B) line 13)			
Part I)	Other Assets.		1		
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
		(a)	Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Co	olumn (b) must equal For	rm 990, Part X, col. (B) line	e 15.)		
Part X		S.			
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 2	5.
1.	(a) De	scription of liability			(b) Book value
(1) F	ederal income taxes				
	DUE TO AGENCI				39,440,796.
(3)	SPLIT INTERES	ST AGREEMENT			2,840,638.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Co	olumn (b) must equal For	rm 990, Part X, col. (B) line	e 25.)		42,281,434.
	., .		,	the organization's financial statements	that reports the
orgar	nization's liability for unc	ertain tax positions under	FASB ASC 740. Check he	re if the text of the footnote has been p	rovided in Part XIII X

Schedule D (Form 990) 2022

232053 09-01-22

	THE JEWISH FEDERATION OF	GREATE	R			
Sche	dule D (Form 990) 2022 WASHINGTON, INC.				0212445	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With	n Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		_		
1	Total revenue, gains, and other support per audited financial statements			1	51,267	<u>,341.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	9,385,551.			
b	Donated services and use of facilities	2b	1,522,097.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	10,907	
3	Subtract line 2e from line 1			3	40,359	<u>,693.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	642,874.	_		
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		,874.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	41,002	,567.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements Wi	th Expenses per I	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		-		
1	Total expenses and losses per audited financial statements			1	36,964	<u>,015.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	1,522,097.	_		
b	Prior year adjustments	2b		_		
С	Other losses	2c		_		
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	1,522	<u>,097.</u>
3	Subtract line 2e from line 1			3	35,441	<u>,918.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	642,874.	_		
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		,874.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	36,084	,792.
Pa	t 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.

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.
THE ORGANIZATION REVIEWED THE IRS DEFINITION FOR ENDOWMENT FUNDS,
REVISITED THE PRESENTATION AND UPDATED THE ENDING BALANCE TO ENSURE
ENDOWMENTS REPORTED MEET THE IRS DEFINITION. ACCORDINGLY, THERE IS A
TRUE-UP ADJUSTMENT IN THE ADMINISTRATIVE EXPENSES TO ENSURE THE BALANCE IS
CURRENTLY ACCURATE.

232054 09-01-22

PART X, LINE 2:

THE FEDERATION IS EXEMPT FROM PAYMENT OF INCOME TAXES ON THEIR

EXEMPT-PURPOSE ACTIVITIES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE

FEDERATION QUALIFIES FOR CHARITABLE CONTRIBUTIONS DEDUCTIONS AND HAS BEEN

CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME

WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS

SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THE FEDERATION AND

JFGW BUILDING LLC PAID \$84,427 IN FEDERAL AND STATE INCOME TAXES DURING

THE FISCAL YEAR ENDED JUNE 30, 2023, IN CONNECTION WITH UNRELATED

DEBT-FINANCED INCOME ON CERTAIN PARTNERSHIPS OWNED BY THE FEDERATION. NO

AMOUNTS WERE PAYABLE AS OF JUNE 30, 2023.

THE FEDERATION AND JFGW BUILDING LLC BELIEVE THAT THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND, AS SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE FEDERATION AND JFGW BUILDING LLC RECOGNIZE PENALTIES AND INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN MANAGEMENT AND GENERAL EXPENSES ON THE CONSOLIDATED STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS. THERE IS NO PROVISION IN THESE CONSOLIDATED FINANCIAL STATEMENT FOR PENALTIES AND INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS FOR THE YEAR ENDED JUNE 30, 2023. TAX YEARS PRIOR TO 2020 FOR THE FEDERATION AND JFGW BUILDING LLC ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE OR THE TAX JURISDICTION OF MARYLAND.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	tes	OMB No. 1545-0047
(Form 990)	Complete if the	e organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, o	or 16.	2022
Department of the Treasury Internal Revenue Service	Gotow	www.irs.gov/Form	Attach to Form 990. 1990 for instructions and the latest i	nformation		Open to Public Inspection
Name of the organization	40107	ww.iis.govn om			Employer i	identification number
THE JEWISH FEDE WASHINGTON, INC		F GREATE	R		53-021	2445
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ		
Form 990, Part I						
1 For grantmakers. Does	s the organizatior	n maintain record	ds to substantiate the amount of its gra	ants and other a	assistance,	
the grantees' eligibility f	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes X No
2 For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistanc	e outside the
United States.						
			an be duplicated if additional space is n			
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (f and the state of the second s
	in the region	agents and	gram services, investments, grants to		gram service, e specific type	for and
		contractors	recipients located in the region)		(s) in the regi	I INVASTMANTS
		in the region				
MIDDLE EAST AND						
NORTH AFRICA	0	0	INVESTMENTS	ISRAEL BOND	S	4,986,299.
CENTRAL AMERICA AND		_				
THE CARIBBEAN	0	0	INVESTMENTS	INVESTMENTS		62,949,185.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	INVESTMENTS	INVESTMENTS		22,649,692.
3 a Subtotal	0	0				90,585,176.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a	0	0				00 595 176
and 3b)	0	0				90,585,176.

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

Schedule F (Form 990) 2022

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Schedule F (Form 990) 2022

WASHINGTON, INC.

53-0212445

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)
		MIDDLE EAST AND NORTH AFRICA	ISRAEL 75TH ANNIVERSARY FILM GRANT	60,500.	WIRE	0.		FMV
			recognized as charities by the f			1		·
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sect	ion 501(c)(3) equ	ivalency letter	>		

Page 2

Schedule F (Form 990) 2022

WASHINGTON, INC.

53-0212445

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)

Schedule F (Form 990) 2022

Page 3

Sched	lule F (Form 990) 2022 WASHINGTON, INC.	53-0212445	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

232074 10-17-22

THE JEWISH FEDERATION OF GREATE	THE	JEWISH	FEDERATION	OF	GREATE:
---------------------------------	-----	--------	------------	----	---------

Schedule F	(Form 990) 2022 WASHINGTON, INC.	53-0212445	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (ac	counting method; amounts of	
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting n		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional		
232075 10-17-2		Schedule F (Form 9	90) 202
			0 6 4
00272	147227 0615762-0615762.0990 2022.05090 THE JEWISH	FEDERATION OF	0615

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiviti	ies	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19, or	r if the	2022
Department of the Treasury		Attach to Form 990	or Fori	n 990	-EZ.			Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	n.		Inspection
Name of the organization	\cap THE JEW	ISH FEDERATION OF	GRE	ATEI	2	E	Employer ide	entification number
	WASHING	TON, INC.				5	53-0212	2445
	complete this par	Complete if the organization answe t.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17.	Form 990-E2	Z filers are not
 a X Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization key employees list 	tions email solicitations tations dicitations on have a written o red in Form 990, P) highest paid indiv	f X Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ition of tion of fundra (incluo professi	non-g gover aising o ding of	overnment grants nment grants events ficers, directors, trus undraising services?	-	X Ye	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	have or cor	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	tò (or fu	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
RUFFALO NOEL LEVITZ 1025 KIRKWOOD BOULH		TELEPHONE FUNDRAISING CALLS	Yes	No X	244,851.		65,373,	170 478
1023 XIXXWOOD BOOL	EVARD SW,				244,031.		05,575,	. 179,478.
Total		n is registered or licensed to solicit o			244,851.		65,373.	

or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IA, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY DC

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

<u> </u>	~ /	_		~~~
Schedule (з(Form	990)	202

THE JEWISH FEDERATION OF GREATER 53-0212445 Page 2 ed "Yes" on Form 990. Part IV. line 18. or reported more than \$15,000

_			TON, INC.					-0212445 Page 2
Pa	rt I	•						
		of fundraising event contributions and gro				_ist eve		ots greater than \$5,000.
			(a) Event #1		(b) Event #2		(c) Other events	(d) Total events (add col. (a) through
an			(event type)		(event type)		(total number)	– col. (c))
Revenue	1	Gross receipts						
_	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
	5	Noncash prizes						
ses								
Direct Expenses	6	Rent/facility costs						
Direct	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary. Add lines 4 through						
Pa	rt I	Net income summary. Subtract line 10 from line II Gaming. Complete if the organization a					ortad mara than	
		\$15,000 on Form 990-EZ, line 6a.	answered res on on	1 3 3 0,	rarriv, inte 19	, or rep	oned more than	
				(b	Pull tabs/instan	nt		(d) Total gaming (add
anr			(a) Bingo) p/progressive bir		(c) Other gaming	col. (a) through col. (c)
Revenue								
Ĕ	1	Gross revenue						
nses	2	Cash prizes						
t Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses	Yes %		Yes	%	Yes %	
	6	Volunteer labor	□ Yes % □ No		No	- ⁷⁰ L	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)					
	0	Not goming income summary Subtract line 7	from line 1 column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)					
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:					
		he organization licensed to conduct gaming ac						Yes No
		No," explain:						
10-3	We	ere any of the organization's gaming licenses re	voked suspended or te	rmina	ted during the	tax vor	ar?	Yes No
		Yes," explain:				tan yee		
23204	32 10	-27-22					Sch	edule G (Form 990) 2022
_0100	0						2011	

Sch	edule G (Form 990) 2022	THE JEWISH WASHINGTON,	FEDERATION		53-02	212445	Page 3
-	Does the organization conduct gar					Yes	
	Is the organization a grantor, benef	ficiary or trustee of a tr	ust, or a member of a p	partnership or other entity formed			
13	to administer charitable gaming? Indicate the percentage of gaming					Yes	└── No
	The organization's facility	•				13a	%
	An outside facility					13b	%
	Enter the name and address of the						
	Name						
	Address						
15a	a Does the organization have a contr	ract with a third party f	rom whom the organiza	ation receives gaming revenue?		Yes	No No
	 If "Yes," enter the amount of gamin of gaming revenue retained by the If "Yes," enter name and address of 	third party \$	the organization	and the ar	nount		
	Name	and party.					
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee		t contractor			
â	Mandatory distributions: a Is the organization required under retain the state gaming license? b Enter the amount of distributions re				in the	Yes	No
-	organization's own exempt activitie	•	\$	·····			
Pa		nation. Provide the e		y Part I, line 2b, columns (iii) and (v ation. See instructions.); and Part	III, lines 9, 9	9b, 10b,
sc	HEDULE G, PART I,	LINE 2B, LI	ST OF TEN HI	GHEST PAID FUNDRA	ISERS:		
(I) NAME OF FUNDRAIS	ER: RUFFALO	NOEL LEVITZ	LLC			
(I) ADDRESS OF FUNDR	AISER:					
10	25 KIRKWOOD BOULEV	ARD SW, CED	AR RAPIDS, I	IA 52404			
	92 10 27 22				Schodul	a G (Form	990) 2022
2020	83 10-27-22		46		Geneuul		550, 2022

Chedule G (Form 990) WASHINGTON, INC. Part IV Supplemental Information (continued)	53-0212445 Page
	Schedule G (Form 99
2084 04-01-22 47	
0515 147227 0615762-0615762.0990 2022.05090 THE J	EWISH FEDERATION OF 0615

SCHEDULE I (Form 990)		arants and Oth vernments, an					OMB No. 1545-0047
(10111000)		ete if the organization					2022
Department of the Treasury Internal Revenue Service	•		Attach to Form .gov/Form990 for	n 990.			Open to Public Inspection
Name of the organization THE JEWIS WASHINGTO		ION OF GREAT	ΓER				Employer identification number 53-0212445
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records t criteria used to award the grants or assis Describe in Det N(the second sec	tance?	-			-		
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organiz	ations and Domestic	Governments. C	complete if the orga	anization answered "Y	es" on Form 990, Par	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALEF BET MONTESSORI SCHOOL 6125 TUCKERMAN LANE NORTH BETHESDA, MD 20852	20-8512281	501 C 3	82,900.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
ADAS ISRAEL CONGREGATION 2850 QUEBEC STREET, NW WASHINGTON, DC 20008	53-0196563	501 C 3	77,764.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
ADAT SHALOM RECONSTRUCTIONIST CONGREGATION - 7727 PERSIMMON TREE LANE - BETHESDA, MD 20817	52-1763027	501 C 3	7,600.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
AGUDAS ACHIM CONGREGATION 2908 VALLEY DRIVE ALEXANDRIA, VA 22302	54-0581100	501 C 3	14,750.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
AISH GLOBAL 915 CLIFTON AVENUE SUITE 4 CLIFTON, NJ 07013	13-3548993	501 C 3	16,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
AISH HATORAH OF WASHINGTON DC 11418 OLD GEORGETOWN ROAD ROCKVILLE, MD 20852	94-3094990	501 C 3	24,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations		•	e line 1 table				289.

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

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEXANDER MUSS INSTITUTE							
78 RANDALL AVENUE							JCF GRANTS FROM DAFS AND
ROCKVILLE CENTRE, NY 11570	59-0173782	501 C 3	11,458.	0.			ENDOWMENTS
,			, ,				
AMERICAN COMMITTEE FOR THE TEL							
AVIV FOUNDATION - 1201 BROADWAY							JCF GRANTS FROM DAFS AND
SUITE 611 - NEW YORK, NY 10001	13-3145161	501 C 3	26,800.	0.			ENDOWMENTS
AMERICAN COMMITTEE FOR THE							
WEIZMANN INSTITUTE OF SCIENCE -							
633 THIRD AVENUE 20TH FLOOR - NEW YORK, NY 10017	13-1623886	E01 C 2	9,500.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
10RR, NI 10017	13-1023000	501 C 5	9,500.	υ.			ENDOWMENTS
AMERICAN FRIENDS OF HEBREW							
UNIVERSITY - 199 WATER ST 11TH FL							JCF GRANTS FROM DAFS ANI
- NEW YORK, NY 10038	13-1568923	501 C 3	5,092.	0.			ENDOWMENTS
AMERICAN FRIENDS OF ITIM, INC.							
247 WEST 36TH STREET 5TH FLOOR							JCF GRANTS FROM DAFS AND
NEW YORK CITY, NY 10018	26-2249073	501 C 3	26,000.	0.			ENDOWMENTS
AMERICAN FRIENDS OF LEKET ISRAEL							
P.O. BOX 2090							JCF GRANTS FROM DAFS AND
TEANECK, NJ 07666	20-8202424	501 C 3	34,500.	0.			ENDOWMENTS
·							
AMERICAN FRIENDS OF LUBAVITCH							
2110 LEROY PLACE NW							JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20008	52-2193738	501 C 3	6,400.	0.			ENDOWMENTS
MEDICAN EDIENDO OF MACEN DAVID							
AMERICAN FRIENDS OF MAGEN DAVID ADOM - PO BOX 96402 - WASHINGTON,							JCF GRANTS FROM DAFS ANI
DC 20090	13-1790719	501 C 3	8,030.	0.			ENDOWMENTS
				.			
AMERICAN FRIENDS OF MEIR PANIM							
88 WALTON ST SUITE B1							JCF GRANTS FROM DAFS AND
BROOKLYN, NY 11206	20-1582478	501 C 3	10,000.	0.			ENDOWMENTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
				assistance	(book, FMV, appraisal, other)			
AMERICAN FRIENDS OF SHALVA, INC								
441 LEXINGTON AVE STE 602							JCF GRANTS FROM DAFS AN	
NEW YORK, NY 10017	56-2676533	501 C 3	7,500.	0.			ENDOWMENTS	
AMERICAN FRIENDS OF SUNRISE ISRAEL								
15 NEIL COURT							JCF GRANTS FROM DAFS AN	
OCEANSIDE, NY 11572	46-5555854	501 C 3	17,000.	0.			ENDOWMENTS	
AMERICAN FRIENDS OF THE ISRAEL								
MUSEUM - 545 FIFTH AVE ROOM 920 -							JCF GRANTS FROM DAFS ANI	
NEW YORK, NY 10017	23-7182582	501 C 3	58,964.	0.			ENDOWMENTS	
AMERICAN FRIENDS OF YAD ELIEZER								
410 GLENN ROAD							JCF GRANTS FROM DAFS AND	
JACKSON, NJ 08527	11-3459952	501 C 3	12,000.	0.			ENDOWMENTS	
AMERICAN ISRAEL EDUCATION								
FOUNDATION - 251 H STREET NW -	52-1623781	F01 C 2	176,000.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS	
WASHINGTON, DC 20001	52-1625781	501 C 5	178,000.	0.			ENDOWMENTS	
AMERICAN JEWISH COMMITTEE								
165 EAST 56TH ST							JCF GRANTS FROM DAFS ANI	
NEW YORK, NY 10022	13-5563393	501 C 3	92,414.	0.			ENDOWMENTS	
AMERICAN TECHNION SOCIETY								
55 EAST 59TH ST.							JCF GRANTS FROM DAFS ANI	
NEW YORK, NY 10022	13-0434195	501 C 3	12,000.	0.			ENDOWMENTS	
AMERICAN UNIVERSITY								
PO BOX 96609							JCF GRANTS FROM DAFS AND	
WASHINGTON, DC 20077	53-0196549	501 C 3	79,120.	0.			ENDOWMENTS	
ANIMAL RESCUE CORPS								
1380 MONROE ST. NW #326							JCF GRANTS FROM DAFS AN	
WASHINGTON, DC 20010	90-0640069	501 C 3	10,000.	0.			ENDOWMENTS	

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANTI 1100 CONNECTICUT AVE NW SUITE #1020 WASHINGTON, DC 20036	13-1818723	501 C 3	140,623.	0.			JCF GRANTS FROM DAFS AN ENDOWMENTS
ARTISTS 4 ISRAEL 1060 S COCHRAN AVENUE SUITE 4 LOS ANGELES, CA 90019	80-0415734	501 C 3	50,000.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
AT THE WELL 1140 3RD STREET NE WASHINGTON, DC 20002	83-2697895	501 C 3	7,500.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
AYUDA 1990 K STREET NW SUITE 500 WASHINGTON, DC 20006	52-0971440	501 C 3	35,000.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
BAIS YAAKOV SCHOOL FOR GIRLS 6300 SMITH AVE BALTIMORE, MD 21209	95-3127279	501 C 3	8,000.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
BALTIMORE MUSEUM OF INDUSTRY 1415 KEY HIGHWAY BALTIMORE, MD 21230	52-1205675	501 C 3	10,000.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
BBYO 529 14TH STREET NW STE 705 WASHINGTON, DC 20045	31-1794932	501 C 3	119,195.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
BEND THE ARC: JEWISH PARTNERSHIP 330 SEVENTH AVENUE SUITE 1900 NEW YORK, NY 10001	52-1332694	501 C 3	16,000.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
BENDER JCC OF GREATER WASHINGTON 6125 MONTROSE ROAD ROCKVILLE, MD 20852	53-0205921	501 C 3	67,624.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (SChe	equie i (Form 990), Pa	г. п.) Т	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH SHOLOM CONGREGATION AND TALMUD TORAH - 11825 SEVEN LOCKS ROAD - POTOMAC, MD 20854	53-0196574	501 C 3	8,910.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
BETH TORAH ADATH YESHURUN INC. 20350 NE 26TH AVE MIAMI, FL 33180	59-2750308	501 C 3	6,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
BIKUR CHOLIM OF GREATER WASHINGTON 12320 PARKLAWN DRIVE ROCKVILLE, MD 20852	52-2026976	501 C 3	22,087.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
BIRTHRIGHT ISRAEL FOUNDATION P.O. BOX 21615 NEW YORK, NY 10087	13-4092050	501 C 3	16,200.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
BNAI ISRAEL CONGREGATION 6301 MONTROSE RD. ROCKVILLE, MD 20852	53-0212444	501 C 3	63,990.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
B'NAI SHALOM OF OLNEY 18401 BURTFIELD DRIVE OLNEY, MD 20832	52-0981756	501 C 3	23,305.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
B'NEI AKIVA OF THE US AND CANADA 520 8TH AVENUE 15TH FLOOR NEW YORK, NY 10018	13-3713762	501 C 3	17,050.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
BOYS & GIRLS CLUB OF GREATER WASHINGTON - 4103 BENNING ROAD - NE WASHINGTON, DC 20019	53-0236759	501 C 3	10,250.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
BRAIN AND BEHAVIOR RESEARCH FOUNDATION - 747 THIRD AVENUE 33RD FLOOR - NEW YORK, NY 10017	31-1020010	501 C 3	30,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS

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Part II Continuation of Grants and Other A	-	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990). Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAD FOR THE CITY 1525 7TH STREET NW WASHINGTON, DC 20001	52-1138207	501 C 3	20,750.	0.			JCF GRANTS FROM DAFS AN ENDOWMENTS
BREARLEY SCHOOL 610 E. 83RD STREET NEW YORK, NY 10028	13-1623915	501 C 3	10,000.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
BUILDING STEPS P.O BOX 1393 BROOKLANDVILLE, MD 21022	52-2003915	501 C 3	101,500.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
CAMP AIRY & CAMP LOUISE FOUNDATION INC 5750 PARK HEIGHTS AVENUE SUITE 306 - BALTIMORE, MD 21215	52-0563083	501 C 3	27,100.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
CAMP RAMAH IN NEW ENGLAND 1206 BOSTON PROVIDENCE HIGHWAY SUIT NORWOOD, MA 02062	04-3035964	501 C 3	44,240.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
CAMPAIGN FOR THE FAIR SENTENCING OF YOUTH - 1319 F ST NW SUITE 303 - WASHINGTON, DC 20004	27-3761788	501 C 3	10,000.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
CANCER ALLIANCE OF HELP AND HOPE, INC P.O. BOX 3292 - PALM BEACH, FL 33480	90-0101236	501 C 3	10,000.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVENUE NE WASHINGTON, DC 20017	52-1167581	501 C 3	28,164.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
CAPITAL CAMPS AND RETREAT CENTER 11300 ROCKVILLE PIKE #407 ROCKVILLE, MD 20852	52-1515202	501 C 3	121,950.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR CREATIVE CHANGE							
4115 WISCONSIN AVENUE NW SUITE #LL1							JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20016	31-1801544	501 C 3	36,000.	0.			ENDOWMENTS
,			, -				
CENTRAL FUND OF ISRAEL							
461 CENTRAL AVE							JCF GRANTS FROM DAFS AND
CEDARHURST, NY 11516	13-2992985	501 C 3	8,600.	0.			ENDOWMENTS
CHABAD AT THE UNIVERSITY OF							TAR ADANTA FROM DARA AND
MARYLAND - 7403 HOPKINS AVENUE -	85-2705227	501 C 2	5,500.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
COLLEGE PARK, MD 20740	85-2705227	501 C 5	5,500.	0.			ENDOWMENTS
CHABAD CENTER OF THE EASTERN SHORE							
13719 COASTAL HIGHWAY							JCF GRANTS FROM DAFS AND
OCEAN CITY, MD 21842	45-2044171	501 C 3	20,000.	0.			ENDOWMENTS
CHABAD OF CHEVY CHASE							
6700 BROOKVILLE ROAD				_			JCF GRANTS FROM DAFS AND
CHEVY CHASE, MD 20815	47-3179508	501 C 3	11,500.	0.			ENDOWMENTS
CHABAD OF POTOMAC VILLAGE							
10500 BURBANK DR							JCF GRANTS FROM DAFS AND
POTOMAC, MD 20854	26-2154019	501 C 3	12,136.	0.			ENDOWMENTS
			,				
CHABAD SHUL OF POTOMAC							
11701 GAINSBOROUGH RD							JCF GRANTS FROM DAFS AND
POTOMAC, MD 20854	57-1172339	501 C 3	198,410.	0.			ENDOWMENTS
CUADLES E CHIMU TENTOU DAY COUCOL							
CHARLES E. SMITH JEWISH DAY SCHOOL 1901 EAST JEFFERSON STREET							JCF GRANTS FROM DAFS AND
ROCKVILLE, MD 20852	52-0961920	501 C 3	289,994.	0.			ENDOWMENTS
	52 0501920		205,554.	0.			
CHESAPEAKE BAY FOUNDATION							
6 HERNDON AVENUE							JCF GRANTS FROM DAFS AND
ANNAPOLIS, MD 21403	52-6065757	501 C 3	10,000.	0.			ENDOWMENTS

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Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S LAW CENTER							
501 3RD STREET NW 8TH FLOOR							JCF GRANTS FROM DAFS AN
WASHINGTON, DC 20001	52-1961588	501 C 3	10,000.	0.			ENDOWMENTS
CHILDREN'S NATIONAL MEDICAL CENTER							
1 INVENTA PLACE 6TH FLOOR							JCF GRANTS FROM DAFS AN
SILVER SPRING, MD 20910	52-1640403	501 C 3	13,000.	0.			ENDOWMENTS
CHRIST CHURCH GEORGETOWN							
3116 O STREET							JCF GRANTS FROM DAFS AN
NW WASHINGTON, DC 20007	53-0204680	501 C 3	15,000.	0.			ENDOWMENTS
COLEL CHABAD INC							
806 EASTERN PKWY							JCF GRANTS FROM DAFS AN
BROOKLYN, NY 11213	11-3254483	501 C 3	10,000.	0.			ENDOWMENTS
COMMUNITIES IN SCHOOLS							
2345 CRYSTAL DRIVE DRIVE SUITE 700							JCF GRANTS FROM DAFS AN
ARLINGTON, VA 22202	58-1289174	501 C 3	7,500.	0.			ENDOWMENTS
CONGREGATION BETH AHABAH							
1121 W FRANKLIN STREET							JCF GRANTS FROM DAFS AN
RICHMOND, VA 23220	54-0139980	501 C 3	50,000.	0.			ENDOWMENTS
CONGREGATION BETH EL OF MONTGOMERY							
COUNTY - 8215 OLD GEORGETOWN ROAD							JCF GRANTS FROM DAFS AN
- BETHESDA, MD 20814	52-0698176	501 C 3	54,040.	0.			ENDOWMENTS
CONGREGATION B'NAI TZEDEK							
10621 SOUTH GLEN ROAD							JCF GRANTS FROM DAFS AN
POTOMAC, MD 20854	52-1619672	501 C 3	37,700.	0.			ENDOWMENTS
CONGREGATION HAR SHALOM							
11510 FALLS ROAD							JCF GRANTS FROM DAFS AN
POTOMAC, MD 20854	52-0824914	501 C 3	7,687.	Ο.			ENDOWMENTS

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Part II Continuation of Grants and Othe	er Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION JEWISH LEARNING EXPERIENCE – 314 9TH ST – LAKEWOOD, NJ 08701	22-2407101	501 C 3	27,000.	0.			JCF GRANTS FROM DAFS AN ENDOWMENTS
CONGREGATION MIKOR HATORAH 25 PONDEROSA DRIVE LAKEWOOD, NJ 08701	26-3044531	501 C 3	10,000.	0.			JCF GRANTS FROM DAFS AN ENDOWMENTS
CONTEMPORARY AMERICAN THEATER FESTIVAL - P.O. BOX 429 - SHEPHERDSTOWN, WV 25443	55-0711349	501 C 3	5,600.	0.			JCF GRANTS FROM DAFS AN ENDOWMENTS
CORNELL UNIVERSITY P.O. BOX 37334 BOONE, IA 50037	15-0532082	501 C 3	25,930.	0.			JCF GRANTS FROM DAFS AN ENDOWMENTS
DC CENTRAL KITCHEN PO BOX 417406 BOSTON, MA 02241	52-1584936	501 C 3	6,804.	0.			JCF GRANTS FROM DAFS AN ENDOWMENTS
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501 C 3	11,265.	0.			JCF GRANTS FROM DAFS AN ENDOWMENTS
EAGLEBANK FOUNDATION 7830 OLD GEORGETOWN RD BETHESDA, MD 20814	92-0195178	501 C 3	25,000.	0.			JCF GRANTS FROM DAFS AN ENDOWMENTS
EDLAVITCH DC JCC 1529 16TH STREET NW WASHINGTON, DC 20036	52-1398151	501 C 3	131,718.	0.			JCF GRANTS FROM DAFS AN ENDOWMENTS
EMUNAH OF AMERICA PO BOX 841816 BOSTON, MA 02284	13-2670365	501 C 3	11,000.	0.			JCF GRANTS FROM DAFS AN ENDOWMENTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENDOWMENT FOR MIDDLE EAST TRUTH P.O BOX 66366							JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20035	20-4329740	501 C 3	30,750.	0.			ENDOWMENTS
	10 10 10 10 10			.			
EQUAL JUSTICE INITIATIVE							
122 COMMERCE STREET							JCF GRANTS FROM DAFS AND
MONTGOMERY, AL 36104	63-1135091	501 C 3	13,500.	0.			ENDOWMENTS
FOLGER SHAKESPEARE LIBRARY							
201 E. CAPITOL STREET SE WASHINGTON, DC 20003	04-2103542	501 C 3	32,500.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
WASHINGTON, DC 20005	04 2103342	501 C 5	52,500.				ENDOWNENTS
FOUNDATION FOR JEWISH CAMP, INC.							
253 WEST 35TH ST 4TH FLOOR							JCF GRANTS FROM DAFS AND
NEW YORK, NY 10001	22-3551013	501 C 3	18,250.	0.			ENDOWMENTS
FOUNDATION FOR THE NATIONAL							
ARCHIVES - 700 PENNSYLVANIA AVENUE	52-1792608	F01 C 2	10.000	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
NW #G 12 - WASHINGTON, DC 20408	52-1792008	501 C 5	10,000.	0.			ENDOWMENTS
FREDERICK BOOK ARTS CENTER							
217 WEST PATRICK STREET							JCF GRANTS FROM DAFS ANI
FREDERICK, MD 21701	82-3894693	501 C 3	72,000.	0.			ENDOWMENTS
FRIENDS OF BROOKSIDE							
1800 GLENALLAN AVENUE		F01 a 2	5 100	0			JCF GRANTS FROM DAFS AND
SILVER SPRING, MD 20902	52-1930539	501 C 3	5,100.	0.			ENDOWMENTS
FRIENDS OF THE ISRAEL DEFENSE							
FORCES - PO BOX 4224 - NEW YORK,							JCF GRANTS FROM DAFS ANI
, NY 10163	13-3156445	501 C 3	30,460.	0.			ENDOWMENTS
FRIENDSHIP CIRCLE INC							
11621 SEVEN LOCKS RD							JCF GRANTS FROM DAFS AN
POTOMAC, MD 20854	26-0817688	501 C 3	18,340.	٥.			ENDOWMENTS

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GAINESVILLE JEWISH STUDENT							
FOUNDATION - 2020 W UNIVERSITY AVE							JCF GRANTS FROM DAFS AND
- GAINESVILLE, FL 32603	65-1090524	501 C 3	10,000.	0.			ENDOWMENTS
GARDEN OF REMEMBRANCE							
14321 COMUS ROAD							JCF GRANTS FROM DAFS AND
CLARKSBURG, MD 20871	52-2198248	501 C 3	11,100.	٥.			ENDOWMENTS
GARDENS JEWISH EXPERIENCE							
10800 N MILITARY TRL #215							JCF GRANTS FROM DAFS AND
PALM BEACH GARDENS, FL 33410	35-2417359	501 C 3	8,000.	0.			ENDOWMENTS
			,				
GATHER, INC.							
1817 M STREET NW							JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20036	81-2318776	501 C 3	105,000.	0.			ENDOWMENTS
GEORGE WASHINGTON HILLEL							
2300 H STREET NW							JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20037	52-6081729	501 C 3	19,968.	0.			ENDOWMENTS
GEORGE WASHINGTON UNIVERSITY							
PO BOX 98131							JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20077	53-0196584	501 C 3	16,950.	0.			ENDOWMENTS
GEORGETOWN UNIVERSITY							
37TH AND O STREETS, NW							JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20057	53-0196603	501 C 3	6,250.	0.			ENDOWMENTS
GEORGETOWN UNIVERSITY MEDICAL							
CENTER - 10980 GRANTCHESTER WAY							JCF GRANTS FROM DAFS AND
7TH FLOOR - COLUMBIA, MD 21044	52-2218584	501 C 3	40,480.	0.			ENDOWMENTS
/			, , , ,			1	
GESHER SCHOOL INC.							
4800 MATTIE MOORE COURT							JCF GRANTS FROM DAFS AND
FAIRFAX, VA 22030	54-1201968	501 C 3	226,147.	0.			ENDOWMENTS

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Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIVEWELL							
1714 FRANKLIN STREET #100335							JCF GRANTS FROM DAFS AND
OAKLAND, CA 94612	20-8625442	501 C 3	6,000.	0.			ENDOWMENTS
GREATER MIAMI JEWISH FEDERATION							
4200 BISCAYNE BOULEVARD FL 2							JCF GRANTS FROM DAFS AND
MIAMI, FL 33137	59-0624404	501 C 3	56,500.	0.			ENDOWMENTS
GREATER WASHINGTON COMMUNITY							
KOLLEL - 10900 LOCKWOOD DRIVE -							JCF GRANTS FROM DAFS AND
SILVER SPRING, MD 20901	26-2294078	501 C 3	6,360.	0.			ENDOWMENTS
GREATER WASHINGTON URBAN LEAGUE							
2901 14TH STREET NW							JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20009	53-0208981	501 C 3	10,100.	0.			ENDOWMENTS
HADASSAH							
40 WALL STREET							JCF GRANTS FROM DAFS AND
NEW YORK, NY 10005	13-1656651	501 C 3	28,252.	0.			ENDOWMENTS
HAND IN HAND: CENTER FOR JEWISH							
P.O. BOX 80102							JCF GRANTS FROM DAFS AND
PORTLAND, OR 97280	93-1269590	501 C 3	7,700.	0.			ENDOWMENTS
HAZON, INC.							
25 BROADWAY SUITE 1700							JCF GRANTS FROM DAFS AND
NEW YORK, NY 10004	13-1623922	501 C 3	17,100.	0.			ENDOWMENTS
UPDDEW EDEE LOAN ACCOUNTON OF							
HEBREW FREE LOAN ASSOCIATION OF GREATER WASHINGTON - PO BOX 2752 -							JCF GRANTS FROM DAFS AND
SILVER SPRING, MD 20915	53-0227814	501 C 3	20,360.	0.			ENDOWMENTS
HEBREW HOME OF GREATER WASHINGTON							
INC. (CESLC) - 6121 MONTROSE ROAD	52 0106500						JCF GRANTS FROM DAFS AND
- ROCKVILLE, MD 20852	53-0196508	POT C 3	56,913.	٥.			ENDOWMENTS

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Part II Continuation of Grants and Other		nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEBREW IMMIGRANT AID SOCIETY							
(HIAS) - PO BOX 97077 - WASHINGTON, DC 20090	13-5633307	501 C 3	12,087.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
HILLEL ACADEMY OF PITTSBURGH 5685 BEACON STREET							JCF GRANTS FROM DAFS AND
PITTSBURGH, PA 15217	25-1067130	501 C 3	5,500.	0.			ENDOWMENTS
HILLEL AT ITHACA COLLEGE 953 DANBY RD. ITHACA, NY 14850	15-0532204	501 C 3	7,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
	15 0552204	501 C 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
HILLEL: THE FOUNDATION FOR JEWISH CAMPUS LIFE UMICH - 1429 HILL STREET - ANN ARBOR, MI 48104	38-6119964	501 C 3	20,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
	50 0115501		20,000.	.			
HILLEL: THE FOUNDATION FOR JEWISH CAMPUS LIFE - 800 EIGHTH STREET							JCF GRANTS FROM DAFS AND
NW - WASHINGTON, DC 20001	52-1844823	501 C 3	35,541.	0.			ENDOWMENTS
HOPE FOR ANNABEL 4645 HAWTHORNE LANE NW WASHINGTON, DC 20016	83-0671720	501 C 3	25,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
HOPE FOR HENRY FOUNDATION 2440 WISCONSIN AVE NW SUITE 201							JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20007	20-0244173	501 C 3	63,668.	0.			ENDOWMENTS
IMADI							
5400 OLD COURT ROAD SUITE 300C RANDALLSTOWN, MD 21133	87-3610406	501 C 3	59,260.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
INCUBATOR FOR EMERGING JEWISH	37 3010400		35,200.				
INITIATIVE - 8401 CONNECTICUT AVENUE SUITE 1260 - CHEVY CHASE,							JCF GRANTS FROM DAFS AND
MD 20815	83-1432599	501 C 3	443,500.	٥.			ENDOWMENTS

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INOVA HEALTH FOUNDATION							
8095 INNOVATION PARK DR							JCF GRANTS FROM DAFS AND
FAIRFAX, VA 22031	54-1071867	501 C 3	10,000.	0.			ENDOWMENTS
ISRAEL EMERGENCY ALLIANCE							
P.O. BOX 341069							JCF GRANTS FROM DAFS ANI
LOS ANGELES, CA 90034	01-0566033	501 C 3	5,500.	0.			ENDOWMENTS
ISRAEL POLICY FORUM							
355 LEXINGTON AVENUE 4TH FLOOR							JCF GRANTS FROM DAFS AND
NEW YORK, NY 10017	90-0653286	501 C 3	24,400.	0.			ENDOWMENTS
ISRAEL TENNIS & EDUCATION CENTERS							
3275 WEST HILLSBORO BOULEVARD							
SUITE 102 - DEERFIELD BEACH, FL							JCF GRANTS FROM DAFS ANI
33432	13-2961273	501 C 3	6,000.	0.			ENDOWMENTS
J STREET EDUCATION FUND							
PO BOX 66073							JCF GRANTS FROM DAFS ANI
WASHINGTON, DC 20035	20-2777557	501 C 3	26,100.	٥.			ENDOWMENTS
JARC FLORIDA							
21160 95TH AVENUE							JCF GRANTS FROM DAFS ANI
SOUTH BOCA RATON, FL 33428	65-1131701	501 C 3	10,000.	٥.			ENDOWMENTS
JCADA							
PO BOX 2266							JCF GRANTS FROM DAFS ANI
ROCKVILLE, MD 20847	52-2259318	501 C 3	65,480.	0.			ENDOWMENTS
JCRC OF GREATER WASHINGTON							
6101 EXECUTIVE BLVD SUITE 300							JCF GRANTS FROM DAFS AN
NORTH BETHESDA, MD 20852	52-0214465	501 C 3	271,150.	0.			ENDOWMENTS
JEWISH AGENCY FOR ISRAEL							
633 3RD AVENUE 21ST FLOOR							JCF GRANTS FROM DAFS AN
NEW YORK, NY 10017	23-0053483	501 C 3	5,664.	0.			ENDOWMENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EWISH COUNCIL FOR THE AGING OF							
GREATER WASHINGTON, INC 12320							
PARKLAWN DRIVE - ROCKVILLE, MD							JCF GRANTS FROM DAFS AN
20852	52-0983740	501 C 3	30,478.	0.			ENDOWMENTS
JEWISH EDUCATION CENTER OF SOUTH							
FLORIDA - 264 NW SPANISH RIVER							JCF GRANTS FROM DAFS AN
BLVD - BOCA RATON, FL 33431	20-3432271	501 C 3	20,000.	0.			ENDOWMENTS
			,				
JEWISH FEDERATION OF GREATER							
NAPLES - 2500 VANDERBILT BEACH RD							JCF GRANTS FROM DAFS AN
STE. 2201 - NAPLES, FL 34109	59-2151725	501 C 3	5,810.	0.			ENDOWMENTS
JEWISH FEDERATION OF PALM BEACH							THE ADDRESS FROM DADA AN
COUNTY - 1 HARVARD CIRCLE SUITE		F01 G 3	01.000	0			JCF GRANTS FROM DAFS AN
100 - WEST PALM BEACH, FL 33409	59-0948696	501 C 3	21,990.	0.			ENDOWMENTS
JEWISH FEDERATIONS OF NORTH							
AMERICA - 25 BROADWAY #1700 - NEW							JCF GRANTS FROM DAFS AN
YORK, NY 10004	13-1624240	501 C 3	297,793.	0.			ENDOWMENTS
JEWISH FERTILITY FOUNDATION							
2897 N DRUID HILLS ROAD SUITE 146	04 0500000						JCF GRANTS FROM DAFS AN
ATLANTA, GA 30329	81-0789964	501 C 3	38,300.	0.			ENDOWMENTS
JEWISH FUNDERS NETWORK							
50 WEST 30TH ST. SUITE 900							JCF GRANTS FROM DAFS AN
NEW YORK, NY 10001	23-2742482	501 C 3	16,702.	0.			ENDOWMENTS
			,				
VEWISH INSTITUTE FOR NATIONAL							
SECURITY AFFAIRS - 1101 14TH ST NW							JCF GRANTS FROM DAFS AN
SUITE 1030 - WASHINGTON, DC 20005	52-1233683	501 C 3	10,000.	0.			ENDOWMENTS
JEWISH SOCIAL SERVICE AGENCY							
P.O. BOX 392492							JCF GRANTS FROM DAFS AN
PITTSBURGH, PA 15251	53-0196598	501 C 3	1,150,351.	0.			ENDOWMENTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH THEOLOGICAL SEMINARY							
3080 BROADWAY DEVELOPMENT OFFICE B							JCF GRANTS FROM DAFS AN
NEW YORK, NY 10027	13-0887640	501 C 3	7,170.	0.			ENDOWMENTS
JEWISH WOMEN INTERNATIONAL							
1333 NEW HAMPSHIRE AVENUE NW 2ND FL							JCF GRANTS FROM DAFS AN
WASHINGTON, DC 20036	52-6040461	501 C 3	37,000.	0.			ENDOWMENTS
JEWISHCOLORADO							
300 S. DAHLIA ST SUITE 300							JCF GRANTS FROM DAFS ANI
DENVER, CO 80246	01-0831698	501 C 3	46,000.	0.			ENDOWMENTS
JEWISHROC							
11304 OLD GEORGETOWN RD							JCF GRANTS FROM DAFS AN
ROCKVILLE, MD 20852	20-4960168	501 C 3	7,000.	0.			ENDOWMENTS
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
JEWS UNITED FOR JUSTICE, INC.							
PO BOX 41485							JCF GRANTS FROM DAFS AN
WASHINGTON, DC 20018	52-2346578	501 C 3	25,750.	0.			ENDOWMENTS
JOHNS HOPKINS UNIVERSITY							
3400 NORTH CHARLES STREET							JCF GRANTS FROM DAFS AN
BALTIMORE, MD 21218	52-0595110	501 C 3	15,600.	0.			ENDOWMENTS
JOIN FOR JUSTICE							
PO BOX 690376	04 064 5005						JCF GRANTS FROM DAFS AN
QUINCY, MA 02169	04-3617885	501 C 3	25,180.	0.			ENDOWMENTS
KBY CONGREGATIONS TOGETHER INC.							
PO BOX 23170							JCF GRANTS FROM DAFS AN
BROOKLYN, NY 11202	57-1199898	501 C 3	13,000.	0.			ENDOWMENTS
KEMP MILL SYNAGOGUE							
11910 KEMP MILL ROAD							JCF GRANTS FROM DAFS AN
SILVER SPRING, MD 20902	52-1664121	501 C 3	43,270.	0.			ENDOWMENTS

WASHINGTON, INC.

Schedule I (Form 990) WASHINGTON, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENNEDY KRIEGER INSTITUTE							
707 N. BROADWAY							JCF GRANTS FROM DAFS AND
BALTIMORE, MD 21205	52-1524965	501 C 3	32,220.	0.			ENDOWMENTS
KENYON COLLEGE							
106 COLLEGE PARK DR							JCF GRANTS FROM DAFS AND
GAMBIER, OH 43022	31-4379507	501 C 3	10,000.	0.			ENDOWMENTS
KESHER ISRAEL CONGREGATION							
2801 N ST. NW							JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20007	52-1316406	501 C 3	24,198.	0.			ENDOWMENTS
KESHET, INC.							
1860 WASHINGTON ST							JCF GRANTS FROM DAFS AND
NEWTON, MA 02466	48-1278664	501 C 3	9,300.	0.			ENDOWMENTS
LEARNSERVE INTERNATIONAL							
PO BOX 42182							JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20015	80-0208444	501 C 3	80,000.	0.			ENDOWMENTS
LEGAL AID OF THE DISTRICT OF							
COLUMBIA - 1331 H STREET NW SUITE							JCF GRANTS FROM DAFS AND
350 - WASHINGTON, DC 20005	53-0196600	501 C 3	10,000.	0.			ENDOWMENTS
LILLIAN & ALBERT SMALL CAPITAL							
JEWISH MUSEUM INC - PO BOX 78320 -							JCF GRANTS FROM DAFS ANI
WASHINGTON, DC 20013	52-6064549	501 C 3	117,701.	0.			ENDOWMENTS
маком							
1500 E JEFFERSON STREET							JCF GRANTS FROM DAFS AND
ROCKVILLE, MD 20852	52-1263608	501 C 3	99,486.	0.			ENDOWMENTS
MEDSTAR HEALTH							
10980 GRANTCHESTER WAY 7TH FLOOR							JCF GRANTS FROM DAFS ANI
COLUMBIA, MD 21044	52-2087445	501 C 3	5,500.	0.			ENDOWMENTS

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MELANOMA RESEARCH FOUNDATION (MRF) PO BOX 719329 PHILADELPHIA, PA 19171	76-0514428	501 C 3	7,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
MELVIN J. BERMAN HEBREW ACADEMY 13300 ARCTIC AVENUE ROCKVILLE, MD 20853	53-0208371		210,470.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
MERONA LEASERSHIP FOUNDATION 15910 VENTURA BLVD SUITE 700 ENCINO, CA 91436	47-1603664	501 C 3	10,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
MESORAH DC FOR YOUNG PROFESSIONALS 11723 STONINGTON PL SILVER SPRING, MD 20902	13-4251165	501 C 3	9,800.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
METRO BETHESDA ROTARY FOUNDATION, INC 8401 CONNECTICUT AVE SUITE 1202 - CHEVY CHASE, MD 20815	20-4495759	501 C 3	12,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
MID ATLANTIC INNOCENCE PROJECT 1413 k ST. NW SUITE 1100 WASHINGTON, DC 20005	54-1993334	501 C 3	11,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
MIDDLE EAST MEDIA AND RESEARCH INSTITUTE (MEMRI) - P.O. BOX 27837 - WASHINGTON, DC 20038	52-2068483	501 C 3	80,750.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
MILTON GOTTESMAN JEWISH DAY SCHOOL OF THE NATIONS CAPITAL, INC 6045 16TH STREET NW - WASHINGTON, DC 20011	52-2115715	501 C 3	84,733.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
MINNESOTA HILLEL 1521 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	41-6038613	501 C 3	21,053.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS

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	Assistance to Dor						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIRIAM'S KITCHEN							
2401 VIRGINIA AVENUE NW							JCF GRANTS FROM DAFS AN
WASHINGTON, DC 20037	52-1331552	501 C 3	8,626.	0.			ENDOWMENTS
MIRRER YESHIVA CENTRAL INSTITUTE							
1791 OCEAN PARKWAY							JCF GRANTS FROM DAFS AN
BROOKLYN, NY 11223	11-1782116	501 C 3	10,500.	0.			ENDOWMENTS
MOISHE HOUSE							
5802 MONROE ROAD							JCF GRANTS FROM DAFS AN
CHARLOTTE, NC 28212	26-2599786	501 C 3	59,100.	0.			ENDOWMENTS
MOMENTUM							
6101 EXECUTIVE BLVD SUITE 240							JCF GRANTS FROM DAFS AN
NORTH BETHESDA, MD 20852	38-3852989	501 C 3	56,800.	0.			ENDOWMENTS
MONTGOMERY COUNTY COALITION FOR							
THE HOMELESS - 2301 RESEARCH BLVD							JCF GRANTS FROM DAFS AND
SUITE 200 - ROCKVILLE, MD 20850	52-1735674	501 C 3	10,000.	0.			ENDOWMENTS
MOTHER EARTH PROJECT							
PO BOX 70922							JCF GRANTS FROM DAFS AN
CHEVY CHASE, MD 20813	82-4484785	501 C 3	15,000.	0.			ENDOWMENTS
MOVING TRADITIONS							
8380 OLD YORK ROAD SUITE 4300							JCF GRANTS FROM DAFS AN
ELKINS PARK, PA 19027	34-2015014	501 C 3	87,000.	0.			ENDOWMENTS
MUSIC TO LIFE INC							
PO BOX 409							JCF GRANTS FROM DAFS AN
WILDER, VT 05088	82-0938729	501 C 3	10,000.	0.			ENDOWMENTS
NATIONAL CENTER FOR JEWISH FILM							
BRANDEIS UNIVERSITY LOWN 102 MS053							JCF GRANTS FROM DAFS AN
WALTHAM, MA 02454	04-2764044	501 C 3	25,000.	Ο.			ENDOWMENTS

Schedule I (Form 990) WASHINGTON, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL GALLERY OF ART							
2000 SOUTH CLUB DRIVE							JCF GRANTS FROM DAFS AND
LANDOVER, MD 20785	53-6001666	501 C 3	6,107.	0.			ENDOWMENTS
,,,,							
NATIONAL JEWISH HEALTH							
P.O. BOX 17169							JCF GRANTS FROM DAFS AND
DENVER, CO 80217	74-2044647	501 C 3	6,419.	0.			ENDOWMENTS
i							
NATIONAL MUSEUM FOR WOMEN IN THE							
ARTS - POST OFFICE BOX 120 -							JCF GRANTS FROM DAFS AND
MERRIFIELD, VA 22116	52-1238810	501 C 3	10,000.	0.			ENDOWMENTS
NATIONAL PARTNERSHIP FOR WOMEN &							
FAMILIES, INC 1725 EYE STREET							
NW SUITE 950 - WASHINGTON, DC							JCF GRANTS FROM DAFS ANI
20006	23-7124915	501 C 3	40,000.	0.			ENDOWMENTS
NATIONAL RAMAH COMMISSION, INC.							
3080 BROADWAY							JCF GRANTS FROM DAFS AND
NEW YORK, NY 10027	13-6161110	501 C 3	58,850.	0.			ENDOWMENTS
NCSY							
40 RECTOR STREET 4TH FLOOR							JCF GRANTS FROM DAFS AND
	13-5623717	501 C 3	45,500.	0.			ENDOWMENTS
NEW YORK, NY 10006	13-3023717	501 C 5	45,500.	0.			ENDOWMENTS
NEW ISRAEL FUND							
P.O. BOX 70358							JCF GRANTS FROM DAFS AND
PHILADELPHIA, PA 19176	94-2607722	501 C 3	113,150.	0.			ENDOWMENTS
			,	`			
NEWPORT FESTIVALS FOUNDATION							
P.O. BOX 3865							JCF GRANTS FROM DAFS AND
NEWPORT, RI 02840	27-4099544	501 C 3	7,000.	0.			ENDOWMENTS
,			, ,				
OHR KODESH CONGREGATION							
8300 MEADOWBROOK LANE							JCF GRANTS FROM DAFS AND
CHEVY CHASE, MD 20815	52-0613672	501 C 3	19,710.	0.			ENDOWMENTS

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONETABLE							
228 PARK AVE S SUITE 77191							JCF GRANTS FROM DAFS AN
NEW YORK, NY 10003	46-4715368	501 C 3	19,800.	0.			ENDOWMENTS
ORT AMERICA, INC							
75 MAIDEN LANE 10TH FLOOR	10 5560404						JCF GRANTS FROM DAFS AND
NEW YORK, NY 10038	13-5562424	501 C 3	35,409.	0.			ENDOWMENTS
P.E.F. ISRAEL ENDOWMENT FUNDS INC.							
630 THIRD AVENUE RM 1500							JCF GRANTS FROM DAFS ANI
NEW YORK, NY 10017	13-6104086	501 C 3	149,916.	0.			ENDOWMENTS
PAN MASSACHUSETTS CHALLENGE TRUST							
77 FOURTH AVENUE				_			JCF GRANTS FROM DAFS AN
NEEDHAM, MA 02494	04-2746912	501 C 3	8,000.	0.			ENDOWMENTS
PARDES INSTITUTE OF JEWISH STUDIES							
NORTH AMERICA, INC 228 PARK AVENUE SOUTH SUITE 35858 - NEW							JCF GRANTS FROM DAFS AN
YORK, NY 10003	22-2594099	501 C 3	20,000.	0.			ENDOWMENTS
10RK, NI 10005	22-2394099	501 C 5	20,000.	0.			ENDOWMEN15
PEACEPLAYERS INTERNATIONAL							
1100 15TH STREET 4TH FLOOR							JCF GRANTS FROM DAFS AN
WASHINGTON, MD 20005	52-2272092	501 C 3	40,500.	0.			ENDOWMENTS
PHILADELPHIA ZOO 3400 W. GIRARD AVE							JCF GRANTS FROM DAFS AND
	23-1352298	501 C 3	6,000.	0.			ENDOWMENTS
PHILADELPHIA, PA 19104	23-1332290	501 C 5	0,000.	0.			ENDOWMENTS
PHILLIPS COLLECTION							
1600 21ST STREET NW							JCF GRANTS FROM DAFS AN
WASHINGTON, DC 20009	53-0204620	501 C 3	11,100.	0.			ENDOWMENTS
PLANNED PARENTHOOD FEDERATION OF							JCF GRANTS FROM DAFS AN
AMERICA, INC P.O. BOX 97166 -	13-1644147	501 C 3	16 000	0.			ENDOWMENTS
WASHINGTON, DC 20090	13-104414/	501 C 3	16,900.	٥.			ENDOMURIN.1.2

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Schedule I (Form 990) WASHINGTO Part II Continuation of Grants and Other A		mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa		55-0212445 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLITZ DAY SCHOOL 718 COOPER LANDING ROAD CHERRY HILL, NJ 08002	22-3665288	501 C 3	25,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
POZEZ JEWISH COMMUNITY CENTER OF NORTHERN VIRGINIA - 8900 LITTLE RIVER TURNPIKE - FAIRFAX, VA 22031	54-1145849	501 C 3	84,202.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
REBOOT, INC 734 LONGMEADOW STREET UNIT 103 LONGMEADOW, MA 01106	57-1154844	501 C 3	25,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
REUT, USA 21550 OXNARD ST SUITE 1000 WOODLAND HILL, CA 91367	20-3585888	501 C 3	36,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
ROTARY FOUNDATION 14280 COLLECTIONS CENTER DR CHICAGO, IL 60693	36-3245072	501 C 3	7,500.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
ROUND HOUSE THEATRE, INC. 4545 EAST WEST HIGHWAY BETHESDA, MD 20814	52-1289737	501 C 3	27,220.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
SAINT ANN'S SCHOOL 129 PIERREPONT ST BROOKLYN, NY 11201	11-2606681	501 C 3	30,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
SAVE A CHILDS HEART FOUNDATION PO BOX 59172 POTOMAC, MD 20859	52-1783323	501 C 3	78,325.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
SAVE THE CHILDREN FEDERATION 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CT 06825	06-0726487	501 C 3	9,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHECHTER INSTITUTES, INC.							
BOX #3566 P.O. BOX 8500							JCF GRANTS FROM DAFS AND
PHILADELPHIA, PA 19178	22-3342043	501 C 3	10,000.	0.			ENDOWMENTS
SECOND CHANCE, INC.							
1700 RIDGELY ST.							JCF GRANTS FROM DAFS ANI
BALTIMORE, MD 21230	52-2276640	501 C 3	26,500.	0.			ENDOWMENTS
SETON HALL UNIVERSITY							
457 CENTRE ST							JCF GRANTS FROM DAFS AND
SOUTH ORANGE, NJ 07079	22-1500645	501 C 3	10,000.	0.			ENDOWMENTS
SEVERN RIVER ASSOCIATION							
P.O. BOX 146 ATTN. MIKE DAVIS							JCF GRANTS FROM DAFS ANI
ANNAPOLIS, MD 21404	52-1827749	501 C 3	10,000.	0.			ENDOWMENTS
SHALOM AUSTIN							
7300 HART LANE							JCF GRANTS FROM DAFS ANI
AUSTIN, TX 78731	74-1469465	501 C 3	10,450.	٥.			ENDOWMENTS
SIBLEY MEMORIAL HOSPITAL							
FOUNDATION - 5255 LOUGHBORO ROAD -							JCF GRANTS FROM DAFS ANI
WASHINGTON, DC 20016	45-0562642	501 C 3	10,100.	0.			ENDOWMENTS
SIDWELL FRIENDS SCHOOL							
P.O. BOX 5037							JCF GRANTS FROM DAFS ANI
WHITE PLAINS, NY 10602	53-0196519	501 C 3	13,000.	0.			ENDOWMENTS
SIGNATURE THEATRE							
4200 CAMPBELL AVENUE							JCF GRANTS FROM DAFS AND
ARLINGTON, VA 22206	62-1417785	501 C 3	170,000.	0.			ENDOWMENTS
SIXTH & I HISTORIC SYNAGOGUE							
600 I STREET NW							JCF GRANTS FROM DAFS AN
WASHINGTON, DC 20001	33-1036146	501 C 3	11,000.	٥.			ENDOWMENTS

Schedule I (Form 990) WASHINGTON, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMITHSONIAN INSTITUTE							
P.O. BOX 37012 MRC 712							JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20013	53-0206027	501 C 3	62,100.	٥.			ENDOWMENTS
			, - , - · · ·				
SO OTHERS MIGHT EAT							
71 O STREET NW							JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20001	23-7098123	501 C 3	7,034.	0.			ENDOWMENTS
SO WHAT ELSE							
ONE PRESERVE PARKWAY SUITE 150							JCF GRANTS FROM DAFS AND
ROCKVILLE, MD 20852	27-1219231	501 C 3	91,460.	٥.			ENDOWMENTS
SOUTHERN POVERTY LAW CENTER, INC.							
400 WASHINGTON AVENUE							JCF GRANTS FROM DAFS AND
MONTGOMERY, AL 36104	63-0598743	501 C 3	9,656.	0.			ENDOWMENTS
SPENCE SCHOOL							
22 EAST 91ST STREET							JCF GRANTS FROM DAFS AND
NEW YORK, NY 10128	13-1635286	501 C 3	10,000.	0.			ENDOWMENTS
ST. ANN ROMAN CATHOLIC CHURCH							THE SEAME FROM FARE AND
4001 YUMA ST. NW	53 0010707	F01 G 2	F 500				JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20016	53-0210797	501 C 3	5,500.	0.			ENDOWMENTS
SUBURBAN HOSPITAL FOUNDATION INC.							
8600 OLD GEORGETOWN ROAD							JCF GRANTS FROM DAFS AND
BETHESDA, MD 20814	52-2019696	501 C 3	10,000.	0.			ENDOWMENTS
DETRESDA, MD 20014	52-2019090	501 C 5	10,000.	0.			ENDOWMENTS
SULAM, INC.							
13300 ARCTIC AVENUE							JCF GRANTS FROM DAFS AND
ROCKVILLE, MD 20853	52-2105076	501 C 3	30,250.	0.			ENDOWMENTS
	52 2100070						
SUNFLOWER BAKERY							
5951 HALPINE RD.							JCF GRANTS FROM DAFS AND
ROCKVILLE, MD 20851	26-2797556	501 C 3	63,880.	٥.			ENDOWMENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE BETH OR							
3215 LOMBARD AVE							JCF GRANTS FROM DAFS AN
EVERETT, WA 98201	91-1312183	501 C 3	18,000.	٥.			ENDOWMENTS
TEMPLE B'NAI ABRAHAM							
300 EAST NORTHFIELD ROAD							JCF GRANTS FROM DAFS AN
LIVINGSTON, NJ 07039	22-1515224	501 C 3	28,000.	0.			ENDOWMENTS
TEMPLE SHALOM (MD)							
8401 GRUBB ROAD							JCF GRANTS FROM DAFS AN
CHEVY CHASE, MD 20815	52-0729006	501 C 3	28,180.	0.			ENDOWMENTS
TEMPLE SINAI							
3100 MILITARY ROAD NW							JCF GRANTS FROM DAFS AN
WASHINGTON, DC 20015	53-0231513	501 C 3	19,109.	0.			ENDOWMENTS
	33 0131313	501 6 5	13,103.				
THE AMERICAN FRIENDS OF BEIT ISSIE							
SHAPIRO INC 25 W. 45TH STREET							JCF GRANTS FROM DAFS AN
SUITE 504 - NEW YORK, NY 10036	13-3434781	501 C 3	10,000.	0.			ENDOWMENTS
THE AMERICAN JEWISH JOINT							
DISTRIBUTION COMMITTEE, INC 220							
E. 42ND STREET SUITE 400 - NEW							JCF GRANTS FROM DAFS AN
YORK, NY 10017	13-1656634	501 C 3	144,755.	0.			ENDOWMENTS
THE ANDREW KEEGAN THEATRE COMPANY							
P.O. BOX 53350							JCF GRANTS FROM DAFS AN
WASHINGTON, DC 20009	52-1828004	501 C 3	7,000.	0.			ENDOWMENTS
THE ASPEN INSTITUTE							
2300 N ST. NW STE 700							JCF GRANTS FROM DAFS AN
WASHINGTON, DC 20037	84-0399006	501 C 3	15,000.	٥.			ENDOWMENTS
THE BULLIS SCHOOL							
10601 FALLS ROAD							JCF GRANTS FROM DAFS AN
POTOMAC, MD 20854	52-0635080	501 C 3	14,500.	0.			ENDOWMENTS

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2)	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
THE CHILDREN DESERVE A CHANCE							
FOUNDATION - 16 W KING ST. KIRK							
JOHNSON BLDG REAR - LANCASTER, PA							JCF GRANTS FROM DAFS AND
17603	22-3952042	501 C 3	10,000.	0.			ENDOWMENTS
THE DEN COLLECTIVE							
8215 OLD GEORGETOWN ROAD							JCF GRANTS FROM DAFS AND
BETHESDA, MD 20814	81-2724200	501 C 3	177,200.	0.			ENDOWMENTS
THE GOOD PEOPLE FUND							THE OPINER PROV DIES NO
384 WYOMING AVENUE	06 1005040		15 000				JCF GRANTS FROM DAFS AND
MILLBURN, NJ 07041	26-1887249	501 C 3	17,300.	0.			ENDOWMENTS
THE JEWISH FEDERATION OF GREATER							
WASHINGTON - 6101 EXECUTIVE BLVD							THE OPINER POOR DIER IND
SUITE 100 - NORTH BETHESDA, MD	E2 001044E	F01 G 3	10 750	0			JCF GRANTS FROM DAFS AND
20852	53-0212445	501 C 3	10,752.	0.			ENDOWMENTS
THE JEWISH NATIONAL FUND							
78 RANDALL AVE							JCF GRANTS FROM DAFS AND
ROCKVILLE CENTER, NY 11570	13-1659627	501 C 3	153,841.	0.			ENDOWMENTS
THE JEWISH STUDIO							
11400 ROCKVILLE PIKE SUITE 607							JCF GRANTS FROM DAFS AND
ROCKVILLE, MD 20852	47-2085264	501 C 3	10,718.	0.			ENDOWMENTS
	1, 2000201	501 0 5	10,,10.	· · ·			
THE JOHN F. KENNEDY CENTER FOR THE							
PERFORMING ARTS - PO BOX 58100 -							JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20037	53-0245017	501 C 3	25,654.	0.			ENDOWMENTS
THE LEE COUNTY JEWISH FEDERATION,							
INC 9701 COMMERCE CENTER COURT							JCF GRANTS FROM DAFS AND
- FORT MYERS, FL 33908	59-2668992	501 C 3	20,000.	0.			ENDOWMENTS
THE LEUKEMIA & LYMPHOMA SOCIETY PO BOX 22324							JCF GRANTS FROM DAFS AND
NEW YORK, NY 10087	13-5644916	501 C 3	13,919.	0.			ENDOWMENTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MICHAEL J FOX FOUNDATION FOR PARKINSONS RESEARCH - P.O. BOX 5014 - HAGERSTOWN, MD 21741	13-4141945	501 C 3	8,800.	0.			JCF GRANTS FROM DAFS AN ENDOWMENTS
, THE NATIONAL COMMUNITY FOUNDATION PLAZA SOUTH TWO 7261 ENGLE ROAD SU CLEVELAND, OH 44130	77-0552067		7,500.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
THE REGENTS OF THE UNIVERSITY OF MICHIGAN – 3003 S. STATE STREET SUITE 8000 – ANN ARBOR, MI 48109	38-6006309	501 C 3	18,500.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
THE SHALOM HARTMAN INSTITUTE OF NORTH AMERICA - 475 RIVERSIDE DRIVE SUITE 1450 - NEW YORK, NY 10115	13-3014387	501 C 3	19,000.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
THE SOCIETY OF THE FOUR ARTS 100 FOUR ARTS PLAZA PALM BEACH, FL 33480	59-0454318	501 C 3	10,000.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
TORAH SCHOOL OF GREATER WASHINGTON 2010 LINDEN LANE SILVER SPRING, MD 20910	52-1874788	501 C 3	87,200.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
TRUSTEES OF TUFTS COLLEGE 80 GEORGE ST. STE. 331 MEDFORD, MA 02155	04-2103634	501 C 3	18,000.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS
UKRAINE HOUSE 2134 KALARAMA ROAD NW DISTRICT OF WASHINGTON, DC 20008	87-2080907	501 C 3	6,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
UNION FOR REFORM JUDAISM 633 THIRD AVENUE 7TH FLOOR NEW YORK, NY 10017	13-1663143	501 C 3	57,100.	0.			JCF GRANTS FROM DAFS ANI ENDOWMENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES HOLOCAUST MEMORIAL MUSEUM - 100 RAOUL WALLENBERG PL SW - WASHINGTON, DC 20024	52-1309391	501 C 3	321,869.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION - PO BOX 49013 - BALTIMORE, MD 21297	52-2197313	501 C 3	35,200.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
UNIVERSITY OF MARYLAND HILLEL 7612 MOWATT LANE COLLEGE PARK, MD 20740	52-0749507	501 C 3	116,345.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - PO BOX 309 - CHAPEL HILL, NC 27514	56-6001393	501 C 3	7,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
US COMMITTEE FOR UKRAINIAN HOLODOMOR - 311 MASSACHUSETTS AVENUE NE - WASHINGTON, DC 20002	47-4279564	501 C 3	7,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
WASHINGTON HEBREW CONGREGATION 11810 FALLS ROAD POTOMAC, MD 20854	53-0196646	501 C 3	30,250.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
WASHINGTON INSTITUTE FOR NEAR EAST POLICY - 1111 19TH ST NW SUITE 500 - WASHINGTON, DC 20036	52-1376034	501 C 3	20,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
WASHINGTON NATIONALS PHILANTHROPIES - 1500 SOUTH CAPITOL STREET SE - WASHINGTON DC, DC 20003	34-2034830	501 C 3	6,250.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
WASHINGTON PERFORMING ARTS SOCIETY 1400 K ST NW SUITE 500 WASHINGTON, DC 20005	52-6062439	501 C 3	5,554.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa I	irt II.)	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLESLEY COLLEGE							
106 CENTRAL ST							JCF GRANTS FROM DAFS AND
WELLESLEY, MA 02481	04-2103637	501 C 3	50,000.	٥.			ENDOWMENTS
WETA							
3939 CAMPBELL AVENUE							JCF GRANTS FROM DAFS AND
ARLINGTON, VA 22206	53-0242992	501 C 3	5,232.	0.			ENDOWMENTS
WILLIAM J BRENNAN JR CENTER FOR							
JUSTICE INC - 120 BROADWAY SUITE							JCF GRANTS FROM DAFS AND
1750 - NEW YORK, NY 10271	13-3839293	501 C 3	200,000.	٥.			ENDOWMENTS
WILSHIRE BOULEVARD TEMPLE							
3663 WILSHIRE BOULEVARD							JCF GRANTS FROM DAFS AND
LOS ANGELES, CA 90010	95-1691339	501 C 3	5,760.	0.			ENDOWMENTS
WITNESS INSTITUTE							
11701 FULHAM STREET							JCF GRANTS FROM DAFS AND
SILVER SPRING, MD 20902	87-3123859	501 C 3	10,000.	0.			ENDOWMENTS
· · ·							
WOMEN WHO MAKE MOVIES							
115 W. 29TH STREET SUITE 1200							JCF GRANTS FROM DAFS AND
NEW YORK, NY 10001	13-2740460	501 C 3	10,000.	0.			ENDOWMENTS
WOODROW WILSON INTERNATIONAL							
CENTER FOR SCHOLARS - 1300							
PENNSYLVANIA AVENUE NW -							JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20004	52-1067541	501 C 3	40,500.	0.			ENDOWMENTS
WORLD CENTRAL KITCHEN							
200 MASSACHUSETTS AVE NW 7TH FLOOR							JCF GRANTS FROM DAFS AND
WASHINGTON, DC 20001	27-3521132	501 C 3	15,322.	0.			ENDOWMENTS
YAD EZRA V'SHULAMIT							
3470 WILSHIRE BLVD SUITE 1020							JCF GRANTS FROM DAFS AND
LOS ANGELES, CA 90010	46-0477228	501 C 3	25,000.	0.			ENDOWMENTS
TOS ANGETES' CA 20010	40-04//228		25,000.	U.			ENDOWNEIN12

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Part II Continuation of Grants and Other A		mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAD YEHUDA OF GREATER WASHINGTON 312 HYDE COURT							JCF GRANTS FROM DAFS AND
SILVER SPRING, MD 20902	22-3949731	501 C 3	60,280.	0.			ENDOWMENTS
YAHAD 2444 MADISON ROAD UNIT 1708 CINCINNATI, OH 45208	84-2593527	501 C 3	20,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
YAHAD IN UNUM MID 25 WEST 45TH ST SUITE 701 NEW YORK, NY 10036	84-2593527	501 C 3	10,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
YESHIVA OF GREATER WASHINGTON 2010 LINDEN LANE SILVER SPRING, MD 20910	52-1106842	501 C 3	164,258.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
YOUTH ART FOR HEALING P.O. BOX 30183 BETHESDA, MD 20824	45-5244337	501 C 3	11,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
YOUTH LEADERSHIP FOUNDATION 2001 L STREET NW SUITE 500 WASHINGTON, DC 20036	52-2016259	501 C 3	60,000.	0.			JCF GRANTS FROM DAFS AND ENDOWMENTS
JEWISH FEDERATION OF NORTH AMERICA 25 BROADWAY, STE 1700 NEW YORK, NY 10004	13-1624240	501 C 3	1,631,167.	0.			JFGW COMMUNAL SUPPORT GRANTS
JEWIESH AGENCY FOR ISRAEL 633 3RD AVENUE, 21ST FL NEW YORK, NY 10017	23-0053483	501 C 3	928,000.	0.			JFGW COMMUNAL SUPPORT GRANTS
6 POINTS SPORTS ACADEMY P.O. BOX 1707 APEX, NC 27502	13-1663143	501 C 3	5,259.	0.			JFGW COMMUNAL SUPPORT GRANTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
70 FACES MEDIA 5280 8TH AVE., 4TH FLOOR NEW YORK, NY 10018	13-0887610	501 C 3	10,000.	0.			JFGW COMMUNAL SUPPORT GRANTS
AGUDAS ACHIM CONGREGATION 2908 VALLEY DRIVE ALEXANDRIA, VA 22302	54-0581100	501 C 3	12,000.	0.			JFGW COMMUNAL SUPPORT GRANTS
AMERICAN UNIVERSITY PO BOX 96609 WASHINGTON, DC 20077-7992	53-0196549	501 C 3	28,380.	0.			JFGW COMMUNAL SUPPORT GRANTS
AVODAH 195 MONTAGUE STREET 14TH FLOOR BROOKLYN, NY 11201	13-3914342	501 C 3	27,500.	0.			JFGW COMMUNAL SUPPORT GRANTS
BBYO 529 14TH STREET NW WASHINGTON, DC 20045	31-1794932	501 C 3	136,998.	0.			JFGW COMMUNAL SUPPORT GRANTS
BENDER JCC 6125 MONTROSE ROAD ROCKVILLE, MD 20852	53-0205921	501 C 3	824,063.	0.			JFGW COMMUNAL SUPPORT GRANTS
BIRTHRIGHT ISRAEL 33 E 33RD STREET7TH FLOOR NEW YORK, NY 10016	13-4092050	501 C 3	258,417.	0.			JFGW COMMUNAL SUPPORT GRANTS
B'NAI B'RITH PERLMAN CAMP - 11820 PARKLAWN DR ROCKVILLE, MD 20852	27-2025066	501 C 3	11,000.	0.			JFGW COMMUNAL SUPPORT GRANTS
B'NAI ISRAEL CONGREGATION 6301 MONTROSE RD ROCKVILLE, MD 20852	53-0212444	501 C 3	15,000.	0.			JFGW COMMUNAL SUPPORT GRANTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP AIRY & LOUISE FOUNDATION, INC 5750 PARK HEIGHTS AVE - BALTIMORE, MD 21215	52-0563083	501 C 3	49,912.	0.			JFGW COMMUNAL SUPPORT GRANTS
CAPITAL CAMPS AND RETREAT CENTER 11300 ROCKVILLE PIKE ROCKVILLE, MD 20852	52-1515202	501 C 3	182,451.	0.			JFGW COMMUNAL SUPPORT GRANTS
LILIAN & ALBERT SMALL CAPITAL JEWISH MUSEUM - 575 3RD STREET NORTHWEST, - WASHINGTON, DC 20001	52-6064549	501 C 3	27,500.	0.			JFGW COMMUNAL SUPPORT GRANTS
CHABAD LUBAVITCH OF ALEXANDRIA-ARLINGTON - 1307 NORTH HIGHLAND ST ARLINGTON, VA 22201	22-3846883	501 C 3	14,000.	0.			JFGW COMMUNAL SUPPORT GRANTS
CHARLES E. SMITH JEWISH DAY SCHOOL 1901 EAST JEFFERSON STREET ROCKVILLE, MD 20852-4029	52-0961920	501 C 3	439,421.	0.			JFGW COMMUNAL SUPPORT GRANTS
CONGREATION OLAM TIKVAH 3800 GLENBROOK ROAD FAIRFAX, VA 22031	54-0760310	501 C 3	6,300.	0.			JFGW COMMUNAL SUPPORT GRANTS
EDLAVITCH DCJCC 1529 16TH STREET NORTHWEST, WASHINGTON, DC 20036	52-1398151	501 C 3	527,708.	0.			JFGW COMMUNAL SUPPORT GRANTS
EMMA KAUFMANN CAMP 5738 FORBES AVENUE PITTSBURGH, PA 15217	25-1094514	501 C 3	6,821.	0.			JFGW COMMUNAL SUPPORT GRANTS
GALLAUDET UNIVERSITY/ HILLEL AT GALLAUDET UNIVERSITY - 800 FLORIDA AVENUE NORTHEAST - WASHINGTON, DC 20002	45-4554818	501 C 3	12,101.	0.			JFGW COMMUNAL SUPPORT GRANTS

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2)	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
GARDEN OF REMEMBRANCE							
14321 COMUS ROAD							JFGW COMMUNAL SUPPORT
CLARKSBURG, MD 20871	52-2198248	501 C 3	25,000.	0.			GRANTS
GATHERDC							
1817 M STREET NW							JFGW COMMUNAL SUPPORT
WASHINGTON, DC 20036	81-2318776	501 C 3	200,000.	0.			GRANTS
GEORGE MASON UNIVERSITY							
4400 UNIVERSITY BLVD							JFGW COMMUNAL SUPPORT
FAIRFAX, VA 22030	52-2232458	501 C 3	28,380.	0.			GRANTS
GEORGE WASHINGTON UNIVERSITY							
714 21ST ST. NW 2 FL							JFGW COMMUNAL SUPPORT
WASHINGTON, DC 20052	53-0196584	501 C 3	108,920.	0.			GRANTS
GEORGETOWN UNIVERSITY							
3300 WHITEHAVEN ST.							JFGW COMMUNAL SUPPORT
WASHINGTON, DC 20007	53-0196603	501 C 3	5,160.	0.			GRANTS
GESHER JEWISH DAY SCHOOL							
4800 MATTIE MOORE COURT							JFGW COMMUNAL SUPPORT
FAIRFAX, VA 22030	54-1201968	501 C 3	146,188.	0.			GRANTS
HABONIM DROR CAMP MOSHAVA							
6101 EXECUTIVE BOULEVARD SUITE 319							JFGW COMMUNAL SUPPORT
NORTH BETHESDA, MD 20852	52-6054091	501 C 3	33,556.	0.			GRANTS
HADAR							
190 AMSTERDAM AVENUE							JFGW COMMUNAL SUPPORT
NEW YORK, NY 10023	26-4412164	501 C 3	16,000.	0.			GRANTS
HILL HAVURAH							
212 EAST CAPITOL ST.							JFGW COMMUNAL SUPPORT
WASHINGTON, DC 20003	81-0632513	501 C 3	35,000.	0.			GRANTS

Schedule I (Form 990) WASHINGTON, INC.

53-0212445 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL: THE FOUNDATION FOR JEWISH CAMPUS LIFE - 800 EIGHTH ST. NW							JFGW COMMUNAL SUPPORT
WASHINGTON, DC 20001	52-1844823	501 C 3	27,000.	0.			GRANTS
HONEYMOON ISRAEL 6070 WHITEGATE XING EAST AMHERST, NY 14051	47-1291052	501 C 3	101,619.	0.			JFGW COMMUNAL SUPPORT GRANTS
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, INC 220 E. 42ND STREET SUITE 400 - NEW YORK, NY 10017	13-1656634	501 C 3	1,078,000.	0.			JFGW COMMUNAL SUPPORT GRANTS
JEWISH COALITION AGAINST DOMESTIC ABUSE – 133 ROLLINS AVE, STE 3 – ROCKVILLE, MD 20852	52-2259318		105,000.	0.			JFGW COMMUNAL SUPPORT GRANTS
JEWISH COMMUNITY RELATIONS COUNCIL 6101 EXECUTIVE BLVD ROCKVILLE, MD 20852	52-0214465		607,000.	0.			JFGW COMMUNAL SUPPORT GRANTS
, JEWISH COUNCIL FOR THE AGING (JCA) 11820 PARKLAWN DR. STE ROCKVILLE, MD 20852	52-0983740		282,000.	0.			JFGW COMMUNAL SUPPORT GRANTS
JEWISH COUNCIL FOR PUBLIC AFFAIRS – 116 EAST 27TH ST. 10 FL. NEW YORK, NY 10016	13-1624104	501 C 3	15,000.	0.			JFGW COMMUNAL SUPPORT GRANTS
MAKOM 1500 E JEFFERSON ST ROCKVILLE, MD 20852	52-1263608	501 C 3	195,000.	0.			JFGW COMMUNAL SUPPORT GRANTS
JEWISH SOCIAL SERVICE AGENCY (JSSA) - 6123 MONTROSE ROAD - ROCKVILLE, MD 20852	53-0196598	501 C 3	1,189,382.	0.			JFGW COMMUNAL SUPPORT GRANTS

Schedule I (Form 990) WASHINGTON, INC.

53-0212445 Page 1

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEHILAT PARDES: THE ROCK CREEK							
SYNAGOGUE 13300 ARCTIC AVENUE - ROCKVILLE, MD 20853	82-3256103	501 C 3	7,500.	0.			JFGW COMMUNAL SUPPORT GRANTS
KESHER ISRAEL CONGREGATION 2801 N ST., NW							JFGW COMMUNAL SUPPORT
WASHINGTON, DC 20007	52-1316406	501 C 3	6,500.	0.			GRANTS
MELVIN J. BERMAN HEBREW ACADEMY							
13300 ARCTIC AVENUE,							JFGW COMMUNAL SUPPORT
ROCKVILLE, MD 20853	53-0208371	501 C 3	295,556.	0.			GRANTS
MESORAH DC							
10717 MEADOWHILL							JFGW COMMUNAL SUPPORT
SILVER SPRING, MD 20901	13-4251165	501 C 3	10,000.	0.			GRANTS
MILTON GOTTESMAN JEWISH DAY SCHOOL							
OF THE NATIONS CAPITAL - 6045 16TH							JFGW COMMUNAL SUPPORT
ST WASHINGTON, DC 20011	52-2115715	501 C 3	229,586.	0.			GRANTS
MOISHE HOUSE							
441 SAXONY RD. BARN 2							JFGW COMMUNAL SUPPORT
ENCINTAS, CA 92024	26-2599786	501 C 3	27,500.	0.			GRANTS
NEW SYNAGOGUE PROJECT							
PO BOX 43153,							JFGW COMMUNAL SUPPORT
WASHINGTON, DC 20010	83-0535790	501 C 3	40,000.	0.			GRANTS
NFTY							
1 WEST 4TH STREET							JFGW COMMUNAL SUPPORT
NEW YORK, NY 10012	13-1663143	501 C 3	8,321.	0.			GRANTS
OHR KODESH CONGREGATION -							
8300 MEADOWBROOK DRIVE							JFGW COMMUNAL SUPPORT
CHEVY CHASE, MD 20853	52-0613672	501 C 3	7,500.	0.			GRANTS

Schedule I (Form 990) WASHINGTON, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONETABLE							
228 PARK AVE. S, SUITE							JFGW COMMUNAL SUPPORT
NEW YORK, NY 10003	46-4715368	501 C 3	20,000.	0.			GRANTS
POZEZ JEWISH COMMUNITY CENTER							
8900 LITTLE RIVER TURNPIKE							JFGW COMMUNAL SUPPORT
FAIRFAX, VA 20031	54-1145849	501 C 3	451,330.	0.			GRANTS
,							
RACHEL GILDINER -							
1422 LEEGATE ROAD NORTHWEST							JFGW COMMUNAL SUPPORT
WASHINGTON, DC 20012	16-6646434	501 C 3	18,000.	0.			GRANTS
i							
SHALOM EDUCATION CENTER -							
11140 ROCKVILLE PIKE							JFGW COMMUNAL SUPPORT
NORTH BETHESDA, MD 20852	20-1651612	501 C 3	15,460.	0.			GRANTS
SIXTH & I HISTORIC SYNAGOGUE -							
600 I STREET NORTHWEST							JFGW COMMUNAL SUPPORT
WASHINGTON, DC 20001	33-1036146	501 C 3	7,000.	0.			GRANTS
SULAM							
13300 ARCTIC AVENUE							JFGW COMMUNAL SUPPORT
ROCKVILLE, MD 20853	52-2105076	501 C 3	27,500.	0.			GRANTS
SUNFLOWER BAKERY & CAF							
5951 HALPINE ROAD							JFGW COMMUNAL SUPPORT
ROCKVILLE, MD 20851	26-2797556	501 C 3	37,500.	0.			GRANTS
TEMPLE MICAH							
976 BOWEN HILL ROAD		F01 a 2		-			JFGW COMMUNAL SUPPORT
EAST DORSET, VT 05253	52-0845118	501 C 3	60,000.	0.			GRANTS
TEMPLE SINAI							
3100 MILITARY ROAD NW							JFGW COMMUNAL SUPPORT
	53-0231513	501 C 3	8,000.	0.			GRANTS
WASHINGTON, DC 20015-1396	33-0231313		0,000.	U.			BUUNTS

Schedule I (Form 990) WASHINGTON, INC.

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Schedule I (Form 990) WASHINGTO	-						03-0212445 Page
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	irt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DEN COLLECTIVE							
8215 OLD GEORGETOWN RD.							JFGW COMMUNAL SUPPORT
BETHESDA, MD 20814	81-2724200	501 C 3	50,000.	0.			GRANTS
THE JEWISH COMMUNITY CENTERS							
ASSOCIATION OF NORTH AMERICA - 520							JFGW COMMUNAL SUPPORT
EIGHTH AVENUE - NEW YORK, NY 10018	13-5599486	501 C 3	20,000.	0.			GRANTS
TIKVAT ISRAEL CONGREGATION							
2200 BALTIMORE ROAD							JFGW COMMUNAL SUPPORT
ROCKVILLE, MD 20851	52-0743856	501 C 3	6,000.	0.			GRANTS
TORAH SCHOOL OF GREATER WASHINGTON							
2010 LINDEN LANE							JFGW COMMUNAL SUPPORT
SILVER SPRING, MD 20910	52-1874788	501 C 3	185,631.	0.			GRANTS
			,				
TZEDEK DC							
4340 CONNECTICUT AVE.							JFGW COMMUNAL SUPPORT
WASHINGTON, DC 20008	81-2208907	501 C 3	27,500.	0.			GRANTS
FRIENDS OF ISRAEL SCOUNTS INC							
TZOFIM - 576 8TH AVENUE 11TH FLOOT							JFGW COMMUNAL SUPPORT
- NEW YORK, NY 10018	13-3843506	501 C 3	6,401.	0.			GRANTS
UNIVERSITY OF MARYLAND HILLEL							
7612 MOWATT LANE							JFGW COMMUNAL SUPPORT
COLLEGE PARK, MD 20740	52-0749507	501 C 3	64,500.	0.			GRANTS
,			, , , ,				
UNIVERSITY OF VIRGINIA HILLEL							
1824 UNIVERSITY							JFGW COMMUNAL SUPPORT
CHARLOTTERSVILLE, VA 22903	54-6061871	501 C 3	28,380.	0.			GRANTS
URJ CAMP HARLAM							
575 SMITH ROAD							JFGW COMMUNAL SUPPORT
KUNKLETOWN, PA 18058	13-1663143	501 C 3	9,410.	0.			GRANTS

Schedule I (Form 990) WASHINGTON, INC.

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Part II Continuation of Grants and Other	Assistance to Dol				-uule i (Fuilli 990), Pa	u c n. <i>j</i>	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USY							
2200 BALTIMORE ROAD							JFGW COMMUNAL SUPPORT
ROCKVILLE, MD 20851	13-1659707	501 C 3	8,321.	0.			GRANTS
VIRGINIA TECH							
P.O. BOX 708 BLACKSBURG							JFGW COMMUNAL SUPPORT
BLACKSBURG, VA 24063	90-0406012	501 C 3	28,380.	٥.			GRANTS
WASHINGTON HEBREW CONGREGATION							
11810 FALLS ROAD							JFGW COMMUNAL SUPPORT
POTOMAC, MD 20854	53-0196646	501 C 3	10,000.	٥.			GRANTS
YESHIVA OF GREATER WASHINGTON							
2010 LINDEN LANE							JFGW COMMUNAL SUPPORT
SILVER SPRING, MD 20910	52-1105842	501 C 3	149,218.	0.			GRANTS
				.			

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2022

Part III

WASHINGTON, INC.

 Part III can be duplicated if additional space is needed.
 (c) Amount of recipients
 (c) Amount of recipients
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of recipients
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of recipients
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 (b) Mumber of recipients
 (c) Amount of recipients<

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

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

53-0212445

Page 2

			E JEWISH			OF GREAT	ER					
chedule I (Form Part IV Su	n 990) Innlement	WA al Informa	SHINGTON	, INC	•				53-()2124	445 F	Page 2
	ppiementa											
EDIRECT	FUNDIN	G FOR	A DIFFER	ENT P	URPOSE,	A REQUE	ST MUST	BE	MADE	IN V	VRITI	NG
D APPR	OVED BY	A LAY	COMMITT	EE OF	THE FE	DERATION	•					
										Schedu	ile I (For	m 990)
291)1-22					<u> </u>							
515 147	7227 06	15762-0	0615762.0	990	87 2022.05	5090 THE	JEWISH	FED	ERATI	ON O	F 06	51576

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Composet of the organization answered "Yes" on Form 990, Part IV, line 23. Attact to Form 990. Description Description Go to www.ite.gov/Enrom90 for instructions and the state information. Enroley effective answered "Yes" on Form 990. Part IV, line 23. Attact to Form 990. Enroley effective answered "Yes" on Form 990. Part IV, line 23. Description THE JEWISEI TEDERATION OF GREATER Employer identification number XASHINGTON, INC. Enroley effective answered "Yes" on Form 990. Part I Question Regarding Compensation The organization provided any of the following to or for a person listed on Form 990. Yes No Part VII, Section A, line 1a. Complete Part III to provide any orlieval information regarding these items. Personal residence Part VII, Section A, line 1a. Complete Part III to provide any orlieval information frees Yes No Discretionary spending account Personal services (such as maid, chauffeur, cheft) Ib 10 10 10 I discretionary spending account Personal services (such as maid, chauffeur, cheft) 10	SCHEDULE J Compensation Information						
Decomposition answered "Yes" on Form 990, Part IV, line 23. Open to Public Inspection Mathematic The organization THE JEWTSH PEDERATION OF GREATER Employer identification number 53-0212445 Part I Questions Regarding Compensation Employer identification number 53-0212445 Part I Questions Regarding Compensation Impection Impection 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 orlewant hommation regarding these items. Impection Impection Travel for comparisons Partent or comparisons Partent or comparisons Partent or comparisons Impection Impection Taxel for comparisons Partent or comparisons Partentor comparisons Partent or compariso	(Form §	990)	-		20	n n	
Department Attach to Form 990. Open to Public Impection Open to Public Impection Name of the organization THE JENISH FEDERATION OF GREATER Employer identification number S3 - 0212445 Part Devestions Regarding Compensation Yes No. S - 0212445 Impection Name of 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. Yes No. Impection Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Impection Impost of the organization of all of the expanse described above: Personal section for sensonal use Personal services (such as maid, chauffeur, chef) Impost of all of the expanse described above: Impost of all of the expanse described above: Impost of the organization of all of the expanse described above: Provide any relevant of the organization follow a writen policy regarding payment or reinforument or provision of all of the expanse described above: Impost of the organization follow: Impost of the organization follow: 2 Indicate writeh, if any, of the following the organization to set the set between on of the organization to establish compensation committee Impost of the organization is the open set the erganization to establish compensation committee Impost of therganization establish the compensation committee <	•	-	Compensated Employees		ZU	LL	,
Interview Go to www.ire.gov/Forms90 for instructions and the latest information. Inspection Name of the organization THE JEWISH PEDERATION OF GREATER Employer identification number 53 – 0212445 Part II Questions Regarding Compensation ************************************		(H) T			Open to	Publ	ic
WASHINGTON, INC. 53-0212445 Part I Questions Regarding Compensation Image: Comparison of the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these items. Yes No Image: Trave for companions Payments for business use of personal residence Image: Trave for companions Payments for business use of personal residence Payments for business use of personal residence Payment o							
Part I Questions Regarding Compensation Vision 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. Vision First-Rise or charter travel Provide for companions Provide for companions If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbursing or allowing expenses incurred by all indirectors, 1b or any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbursing or allowing expenses incurred by all indirectors, 1b or any of the boxes on line 1 are checked, did the organization used to establish or methods used by a related organization to establish or to reimbursing or allowing expenses incurred by all indirectors, 1b or advectors, 2 lid the congenization require borector, but explain IP art III. Compensation or the collow-boxe or number or allowing expenses incurred by all indirectors, 1b or contractors, 1andicate which, if any, of the following the organization used to establish the companisation or committee 1b or coll the any payment for a erector approximation and provide the applicable amounts for each item in Part III. Compensation committee 1b or contracton and the congenization	Name of t	the organization	THE JEWISH FEDERATION OF GREATER	Employer id	lentificatio	on nui	mber
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. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Provide any relevant information regarding the second and relevant information fees Discretionary spending account Personal services (such as maid, charling			WASHINGTON, INC.	53-0	21244	5	
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. First-lises or charter travel Housing allowance or residence for personal use First-lises or charter travel Housing allowance or residence for personal use First-lises or charter travel Housing allowance or residence for personal use First-lises or charter travel Discretionary spending account 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 Ib 2 Did the organization require busthantiation prior to reimbursing or allowing exponses incurred by all directors, Ib 2 Indicate which, if any, of the following the organization used to establish the compensation or the CEO/Executive Director. Check all that apply, Do not check any boxes for methods used by a related organization to Ib X Accompanation sequire payment for an exploitement information regarding by the bacad or compensation committee Ib A During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the f	Part I	Questions	s Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of Comparison						Yes	No
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments 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 c Did the organization require substantiation prior to reimburging or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? c Did the organization require substantiation prior to reimburging or allowing expenses incurred by all directors, trustees, and officers, including the crganization used to establish the compensation of the compensation or the CEO/Executive Director, the explain in Part III. X Compensation committee Written employment contract X Independent compensation or the CEO/Executive Director, but explain in Part III. X During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or arelated organization: a Roceive a severance payment from an equity-based compensation arrangement? th "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for aceni term in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization pay or accrue any compensation contingent on the revenues of: a The organization? 6a X Y res" to any of lines 4ac, distion A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	1a Che	ck the appropria	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for company spending account Personal services (such as maid, chauffeur, chef) Image: Travel for company spending account Personal services (such as maid, chauffeur, chef) Image: Travel for company spending account Personal services (such as maid, chauffeur, chef) Image: Travel for comparization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant Image: Travel for companization is CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant Image: Travel for companization is companization is compensation consultant Image: Travel for the reganizations Image: Travel for the reganization is companization is companization is an adjusted organization: Image: Travel for an allowing expenses incurred part with the engloyment contract Image: Travel for the reganization: Image: Travel for the reganization is applemental nonqualified retrement plan? Image: Travel for the reganization: Image: Travel for the reganization: Image: Travel for the reganization is complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organizatio	Part	VII, Section A,	ine 1a. Complete Part III to provide any relevant information regarding these items.				
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 2 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 comsultant 2 Image: Compensation committee Written employment contract 2 Image: Director. Check all that apply. De not check any boxes for methods used by a related organization to establish the compensation consultant 2 Image: Compensation committee Written employment contract 4a Image: Director. Check all that apply. De not theick any boxes for methods used by a related organization to establish the compensation committee 3a Image: Director. Check all that apply. De not check any boxes for methods used by a related organization to establish the compensation committee 4a X Image: Director. Check all that appl		First-class or c	narter travel Housing allowance or residence for perso	nal use			
Discretionary spending account Personal services (such as maid, chauffeur, cheft) 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 1b 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? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation consultant X Compensation committee X Independent compensation consultant X Compensation committee 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: 4a X 5 Participate in or receive payment from a supplemental nongualified retirement plan? 4b X Charlies 4-c, list the persons and provide the applicable amounts for each item in Part III. 5b X 7 Yes' to any of lines 4a-c, list the person and provide the organization pay or accrue any compensation contingent on the revenues of: 5a X 5 For persons listed on Form 990, Part VII.		Travel for com	panions Payments for business use of personal re-	sidence			
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 1b 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? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, but explain In Part III. 2 3 Indicate which, if any, of the following the organization used to establish the compensation organization to establish compensation committee Written employment contract 3 Indicate which, if any of the compensation comultation of the CEO/Executive Director, but explain In Part III. X 3 Compensation committee Written employment contract 3 Indicate which, if any of the spece on the CEO/Executive Director, but explain In Part III. X 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: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization part III. 4b X 4 During the year, listed on Form 990, Part VII, Section A, line 1a, did t		Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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? 2 3 Indicate which, if any, of the following the organization used to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Compensation committe Written employment contract 3 Indicate which, if any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a 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: 4a 5 Participate in or receive payment from an equity-based compensation provide the applicable amounts for each item in Part III. 4b 6 Pro persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 6 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: 5a 7 X 6a X 9 Any related organization? 7a 16 Yee persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		Discretionary s	pending account Personal services (such as maid, chauffeu	ır, chef)			
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contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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 X 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			·				
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b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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 X 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9							v
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							<u> </u>
 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 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 					. <u>6b</u>		
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			•				
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9 					_	v	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9					7	Λ	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9							v
Regulations section 53.4958-6(c)?					8		
					-		

232111 10-18-22

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Schedule J (Form 990) 2022

WASHINGTON, INC.

53-0212445

Page **2**

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GIL PREUSS	(i)	427,029.	0.	40,137.	15,250.	31,942.	514,358.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) ZACHARY BRITON	(i)	241,639.	0.	1,553.	12,554.	8,361.	264,107.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(3) MOLLY GRAVHOLT	(i)	244,800.	0.	2,013.	6,279.	0.	253,092.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELISA DEENER-AGUS	(i)	180,750.	0.	1,566.	9,073.	0.	191,389.	0.
CHIEF OF STAFF	ii)	0.	0.	0.	0.	0.	0.	0.
(5) SARAH KLEIN	(i)	137,369.	7,500.	1,041.	7,590.	13,965.	167,465.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHELLE WACHTEL	(i)	134,658.	5,000.	1,143.	7,401.	7,500.	155,702.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
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	(i)							
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	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							

Schedule J (Form 990) 2022

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 Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Name of the organization 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												DMB No. 20 Dpen tenspec) 22 o Pub	
Name	of the organization THE JEWISH WASHINGTON,		OF GREATE	ER						loyeri 3 – 0			n num	ber
Part	I Bond Issues				_									
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descripti	on of purpose	(g) De	feased	(h) On	behalf	(i) Po	oled
											of is	suer	finan	icing
									Yes	No	Yes	No	Yes	No
C	O EDUCATIONAL AND						ACQUIRE/	CONSTRUCT						
АC	ULTURAL FACILITIES AUTH	84-0896727	NONEAVAIL	03/19/20	8,600	,000.	OFFICE B	UILDINGS		X		x		Х
						-								
в														l
С														1
D														1
Part	II Proceeds	L		1			1							
				Α			В	с				D		
1	Amount of bonds retired						-							
	Total proceeds of issue													
	Gross proceeds in reserve funds			8,600),228.									
6	Due en entre la construcción en energia													
-	Issuance costs from proceeds				9,813.									
8	Credit enhancement from proceeds				-									
9	Working capital expenditures from proceeds													
10	Capital expenditures from proceeds),415.									
	Other spent proceeds													
12	Other unspent proceeds													
13	Year of substantial completion			20)14									
				Yes	No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refunding is	ssue of tax-exempt b	onds (or,											
	if issued prior to 2018, a current refunding issu	e)?			Х									
15	Were the bonds issued as part of a refunding is	ssue of taxable bond	ls (or, if											
	issued prior to 2018, an advance refunding iss		Х											
	Has the final allocation of proceeds been made?			Х										
17	Does the organization maintain adequate book													
	final allocation of proceeds?	X												

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

Schedule K (Form 990) 2022 WASHINGTON, INC.

53-0212445

Page **2**

Part	III Private Business Use								
			Α	E	3		С	ſ	כ
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	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						
	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?								
с	Are there any research agreements that may result in private business use of								
	bond-financed property?		x						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		.00 %		%		%		%
	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		.00 %		%		%		%
	Total of lines 4 and 5		.00 %		%		%		%
	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 non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х							
Part	IV Arbitrage								
			Ą	E	3		<u>ç</u>		2
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		X						
	Exception to rebate?		X						
	No rebate due?	Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?	Х							

Schedule K (Form 990) 2022 WASHINGTON, INC.			53-0	212445				Page 3
Part IV Arbitrage (continued)								
	A		E	3		<u>ç</u>	C)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?	X							
b Name of provider	PNC BANK, 1							
c Term of hedge	15.1	000000						
d Was the hedge superintegrated?		Х						
e Was the hedge terminated?		Х						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC						-		
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	X							
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X							
Part V Procedures To Undertake Corrective Action								
	A		E	3		ç	C)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	ctions.					
PART I COLUMN (F) LINE A:								
ACQUIRE, CONSTRUCT, RENOVATE, EQUIP AND FURNISH O	FFICE E	BUILDING	G .					
PART II COLUMN A LINE 3:								
INCLUDES INVESTMENT EARNINGS ON THE BONDS DURING	THE CON	ISTRUCT:	ION OF					
THE PROJECT IN THE AMOUNT OF \$228.00								
PART IV COLUMN A LINE 2C:								
REBATE REPORT COMPLETED ON 05/31/2018.								
PART IV COLUMN A LINE 6:								
AFTER 13 MONTHS, LESS THAN \$13,000 OF PROCEEDS OF	THE BC	NDS REI	MAINED	IN				
THE COSTS OF ISSUANCE								
ACCOUNT. SUCH PROCEEDS WERE HELD IN A MONEY MARKE	T FUND	AND HAY	VE SINC	E				
BEEN EXPENDED.								

SCHEDULE M

Noncash Contributions

OMB No. 1545-0047

_ _

(Fo	orm 990)							2	02	2	
	tment of the Treasury al Revenue Service	Complete if the or Go to www.i	-	Open to Public Inspection							
Nam	e of the organizatio		-				Employer	identific	ation i	num	ber
		WASHINGTON,					5	3-023	1244	5	
Pa	rt I Types of	f Property	-	_							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII,	d on	Methoo noncash co	(d) d of deter ontributio			
1	Art - Works of art										
2	Art - Historical trea	asures									
3	Art - Fractional int	erests									
4	Books and publication	ations									
5	Clothing and hous	sehold goods									
6	Cars and other ve	hicles									
7	Boats and planes										
8	Intellectual proper	ty									
9	Securities - Public	ly traded	X	246	5,667,	<u>965.</u> F	MV				
10	Securities - Closel	y held stock									
11	Securities - Partne		x	1	650		NDEPEND	די הואים	7 7 T T T	העו	
40				<u>+</u>	0.50,	00001	NDEI END				<u> </u>
12		llaneous									
13		ation contribution -									
	Historic structures										
14		ation contribution - Other									
15		dential									
16		mercial									
17		r									
18											
19											
20		al supplies									
21	• • • • • • • • • • • • • • • • • • • •										
22		;									
23		ens									
24		facts									
25)									
26	Other ()									
27	Other ()									
28	Other ()									
29		8283 received by the organ								1	
	for which the orga	anization completed Form 82	283, Part V, L	onee Acknowledg	ement	29				1	
									Ye	es	No
30a		id the organization receive b	•	• • • • •		-					
		east 3 years from the date of									37
		for the entire holding period	d?					3	0a	-	X
	÷	the arrangement in Part II.					•			,	
31	-	tion have a gift acceptance		-	-		ns?	-3	31 X	<u> </u>	
32a	Does the organiza contributions?	tion hire or use third parties		•	· · ·			3	2a		х
h	If "Yes," describe							F			
33		didn't report an amount in	column (c) fo	r a type of property	/ for which column (a	a) is check	ed.				
	describe in Part II					., 10 011001	,				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

13160515 147227 0615762-0615762.0990 2022.05090 THE JEWISH FEDERATION OF 06157621

THE	JEWISH	FEDERATION	\mathbf{OF}	GREATER
WASH	ITNGTON	TNC		

53-0212445 Page 2

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):

Schedule M (Form 990) 2022

AMOUNT REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. THE JEWISH FEDERATION OF GREATER Emp

Employer identification number 53-0212445

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INC.

WASHINGTON

IN COMMON PURPOSE, INTENTIONAL INNOVATION, AND EFFECTIVE ACTION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

232211 10-28-22

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE COMMUNITY VIBRANCY PROGRAM WAS NO LONGER ACTIVE DURING THE TAX YEAR

AS THE GLOBAL COVID PANDEMIC WANED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

4 OVERSEAS PARTNERS (THROUGH THEIR US NONPROFIT AFFILIATE), AND MORE

THAN 60 CONGREGATIONS.

TOGETHER, WE ARE BUILDING A COMMUNITY THAT CARES FOR EACH OTHER,

FOSTERS JEWISH LEARNING AND JOURNEYS, EMBRACES JEWISH PEOPLEHOOD AND

ISRAEL, AND ACTS AS A FORCE FOR GOOD IN THE WORLD. THROUGH ALLOCATIONS

TO BENEFICIARY AND PARTNER 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

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

13160515 147227 0615762-0615762.0990 2022.05090 THE JEWISH FEDERATION OF 06157621

Name of the organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	Employer identification number 53-0212445
EXPERIENCES IN ORDER TO SHAPE OUR COMMUNITY'S STRONG JE	EWISH IDENTITY.
FORMAL EDUCATIONAL OPPORTUNITIES AND INFORMAL JEWISH EX	VPERIENCES LIKE
SUMMER CAMPS, YOUTH GROUPS, AND MISSIONS TO ISRAEL AND	OTHER JEWISH
COMMUNITIES ABROAD PROVIDE LEARNING, RECREATIONAL, CULT	URAL AND SOCIAL
ACTIVITIES THAT NOURISH OUR BODIES AND OUR MINDS. LASTL	Y, WE ARE
FOCUSED ON CONNECTING OURSELVES AND OUR LIVES TO OTHER	JEWS AND JEWISH
COMMUNITIES AROUND THE WORLD. OUR SOLIDARITY WITH ONE A	NOTHER IS
CELEBRATED THROUGH OUR SHARED CULTURE, IDENTITY, AND DE	DICATION TO
CARING FOR ONE ANOTHER.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISH	IMENTS:
IN PARTNERSHIP WITH SECURE COMMUNITY NETWORK (SCN), FED	DERATION ENSURES
OUR JEWISH COMMUNAL AGENCIES AND SYNAGOGUES HAVE TRAINI	ING AND SUPPORT
TO BUILD AND MAINTAIN COMPREHENSIVE SAFETY, SECURITY, A	ND PREPAREDNESS
PLANS, INCLUDING WEEKLY TRAINING CONVERSATIONS FOR COMM	UNITY AND AGENCY
LEADERS. FEDERATION HAS ALSO NOW CONVENED THE REGION'S	FIRST EVER
COMMUNAL SECURITY COMMITTEE TO ENGAGE ALL PARTS OF GREA	ATER WASHINGTON'S
JEWISH COMMUNITY ON SECURITY CONCERNS, NEEDS, AND BEST	PRACTICES.
FEDERATION'S JCONNECT: A COMMUNITY CALENDAR OF EVENTS A	ND RESOURCE
CENTER WITH HIGHLIGHTS FOR JEWISH HOLIDAYS, VOLUNTEERIN	IG, AND

CONNECTION POINTS ACROSS THE COMMUNITY FOR PEOPLE OF ALL BACKGROUNDS

AND IDENTITIES. LEADERSHIP DEVELOPMENT: FEDERATION'S NEXUS PROGRAM AND

NEXT GEN PARTNER AGENCY PROGRAM ENGAGE YOUNG LEADERS IN THEIR 20S AND

30S TO ENRICH THEIR LEADERSHIP ABILITIES THROUGH EDUCATIONAL AND

IMMERSIVE EXPERIENCES IN JEWISH GREATER WASHINGTON. DEEPENING OUR

COMMUNITY'S CONNECTION TO ISRAEL AND ISRAELIES: FEDERATION'S COMMUNITY

SHLICHIM PROGRAM BRINGS A COHORT OF YOUNG ISRAELI EMISSARIES TO GREATER

WASHINGTON. IN THEIR ROLES AT LOCAL CONGREGATIONS, SCHOOLS, AND 232212 10-28-22 Schedule O (Form 990) 2022 97

Schedule O (Form 990) 2022	Page 2							
Name of the organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	Employer identification number 53-0212445							
COMMUNITY CENTERS, EACH EMISSARY TRANSFORMS HOW THOUSANDS	OF LOCAL							
COMMUNITY MEMBERS RELATE TO ISRAEL AND ISRAELIS. CARING FO	COMMUNITY MEMBERS RELATE TO ISRAEL AND ISRAELIS. CARING FOR OUR GLOBAL							
JEWISH COMMUNITY: FEDERATION WORKS CLOSELY WITH OUR INTERNATIONAL								
PARTNERS TO MEET THE NEEDS OF JEWISH COMMUNITIES IN ISRAEL	AND 70+							
COUNTRIES AROUND THE GLOBE. 703-J-CARING: THE JEWISH COMMU	NITY SUPPORT							
LINE. LAUNCHED IN PARTNERSHIP WITH JSSA AND A NETWORK OF H	UMAN SERVICE							
ORGANIZATIONS, THE SUPPORT LINE IS DESIGNED TO TAKE THE GU	ESS WORK OUT							
OF ACCESSING RESOURCES ACROSS GREATER WASHINGTON. COMMUNIT	Y MEMBERS CAN							
REACH A TRAINED PROFESSIONAL TO CONNECT THEM WITH RESOURCE	S TAILORED TO							
THEIR NEEDS, FOR EVERYTHING FROM MENTAL HEALTH TO CASH ASS	ISTANCE TO							
LEGAL SUPPORT. FEDERATION'S PARTNERSHIP WITH THE SHALOM HA	RTMAN							
INSTITUTE BRINGS RENOWNED THINKERS AND SCHOLARS TO OUR COM	MUNITY TO							
ELEVATE THE DISCOURSE AND INTENSIFY OUR COMMUNAL JEWISH LE	ARNING, IN							
SMALL COHORTS OF LEADERS AND FOR ALL OF JEWISH GREATER WAS	HINGTON. ONE							
HAPPY CAMPER OFFERS INCENTIVE GRANTS TO FAMILIES WHO CHOOS	E TO SEND							
THEIR CHILDREN TO JEWISH OVERNIGHT CAMP FOR THE FIRST TIME	. PJ LIBRARY							
PROVIDES FAMILIES WITH FREE JEWISH BOOKS AND GUIDES FOR DI	SCUSSION,							
PLUS COMMUNITY EVENTS AND PROGRAMS FOR ENGAGEMENT AND								
RELATIONSHIP-BUILDING.								

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

PAUL BERGER/MERYL ROSENBERG - FAMILY RELATIONSHIP,

GARY BERMAN/ADAM BERMAN -FAMILY RELATIONSHIP,

PETER FEDEROWICZ/MARK LEVITT/RANDALL LEVITT- FAMILY AND WORK RELATIONSHIP,

PETER FEDEROWICZ/JOHANNA CHANIN - FAMILY RELATIONSHIP,

SUSAN AND MICHAEL GELMAN-FAMILY RELATIONSHIP,

SAMUEL KAPLAN/LESLIE KAPLAN-FAMILY RELATIONSHIP,

LAWRENCE KAPLAN/BEHNAM DANANYIM - WORK RELATIONSHIP,

232212 10-28-22

Schedule O (Form 990) 20	22	Page 2
Name of the organization	THE JEWISH FEDERATION OF GREATER	Employer identification number
	WASHINGTON, INC.	53-0212445

BENJAMIN NUSSDORF/MELANIE FRANCO NUSSDORF- FAMILY RELATIONSHIP,

DAVID SELDEN/JULIE WALLICK - FAMILY RELATIONSHIP,

JANIS SCHIFF/PHILIP SCHIFF - FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION'S MEMBERSHIP IS COMPRISED OF INDIVIDUALS AND MEMBER

AGENCIES WHO ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

BOARD ELECTS EXECUTIVE COMMITTEE, ENDOWMENT TRUSTEES, AND THE PRESIDENT HAS

SOME APPOINTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERSHIP ELECTS BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S FORM 990 IS REVIEWED BY THE FOLLOWING: CEO, CFAO, AND

FINANCE DIRECTOR . IN ADDITION, THE AUDIT COMMITTEE OF THE BOARD OF

DIRECTORS FULLY REVIEWS THE PUBLIC DISCLOSURE COPY WITH SCHEDULE B REDACTED

OF THE FORM 990 BEFORE FILING.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY REGARDING FINANCIAL

CONFLICTS OF INTEREST AND, IN THE CASE OF GRANTS TO OTHER ORGANIZATIONS,

ORGANIZATIONAL CONFLICTS. WITH REGARD TO FINANCIAL CONFLICTS, UPON

DISCLOSURE OF THE EXISTENCE OF A FINANCIAL INTEREST, THE AUDIT COMMITTEE

DETERMINES IF A CONFLICT OF INTEREST EXISTS AND, IF IT IS DETERMINED THAT

ONE EXISTS, MAY APPOINT A DISINTERESTED PERSON TO INVESTIGATE ALTERNATIVES; 232212 10-28-22 99

13160515 147227 0615762-0615762.0990 2022.05090 THE JEWISH FEDERATION OF 06157621

Schedule O (Form 990) 2022	Page 2
Name of the organization THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	Employer identification number 53-0212445
DETERMINE WHETHER A MORE ADVANTAGEOUS TRANSACTION CAN BE O	BTAINED THAT DOES
NOT PRESENT A CONFLICT AND WILL VOTE ON ITS DECISION WITHO	UT THE PRESENCE
OF THE PERSON WHO HAS THE CONFLICT. DIRECTORS, OFFICERS, C	HAIRS OR MEMBERS
OF A FEDERATION GOVERNING BODY WHO HAVE DISCLOSED A CONFLI	CT REFRAIN FROM
PARTICIPATING IN CONSIDERATION OF THE PROPOSED TRANSACTION	UNLESS REQUESTED
BY THE PRESIDENT OR TREASURER TO PROVIDE INFORMATION CONCE	RNING THE
TRANSACTION. THE PERSONS INVOLVED DOES NOT VOTE ON SUCH MA	TTERS AND IS NOT
PRESENT AT THE TIME OF THE VOTE. MONITORING AND ENFORCING	COMPLIANCE:
DIRECTORS, OFFICERS, CHAIRS AND MEMBERS OF A FEDERATION GO	VERNING BODY ARE
REQUIRED TO PROVIDE AN INITIAL AND, THEREAFTER, ANNUAL STA	TEMENT, 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 DISCLO	SE 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 A	UDIT 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 O	F THE PRESIDENT
AND TREASURER IN CONSULTATION WITH THE AUDIT COMMITTEE TO	TAKE SUCH FURTHER
ACTION AS MAY BE APPROPRIATE, WHICH MAY INCLUDE RECOMMENDA	TION TO THE BOARD
THAT SUCH PERSON BE REMOVED FROM OFFICE.	

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

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

MEMBER EXECUTIVE COMMITTEE. COMPENSATION RECOMMENDATIONS ARE INFORMED BY

 SALARY SURVEY INFORMATION PROVIDED FROM DIFFERENT SOURCES, INCLUDING OUR

 232212 10-28-22
 Schedule O (Form 990) 2022

 100
 13160515 147227 0615762-0615762.0990
 2022.05090 THE JEWISH FEDERATION OF 06157621

Schedule O (Form 990) 202	22	Page 2
Name of the organization	THE JEWISH FEDERATION OF GREATER	Employer identification number
	WASHINGTON, INC.	53-0212445

NATIONAL ORGANIZATION. COMPENSATION FOR ALL EMPLOYEES INCLUDING OFFICERS

AND KEY EMPLOYEES ARE REVIEWED BY THE CEO.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, FL, HI, IL, KS, KY, MD, MI, MN, MS, NH, NJ, NM, NY, NC, OR, RI, SC, TN, UT, WV, WI

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.

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

(Form 990)

OMB No. 1545-0047

2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Open to Public Inspection
Name of the organization	THE JEWISH FEDERATION OF GREATER	Employer identification number
	WASHINGTON, INC.	53-0212445

WASHINGTON, INC.

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
JFGW BUILDING LLC - 80-0898436					
6101 EXECUTIVE BLVD #200,					THE JEWISH FEDERATION
NORTH BETHESDA, MD 20852	OPERATE BLDG	MARYLAND	1,937,563.	17,711,644.	OF GREATER WASHINGTON
	-				
	-				

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 Part II 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	Public charity Direct controlling tatus (if section entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
]						
]						

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

Schedule R (Form 990) 2022 WASHINGTON, INC.

53-0212445 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		
Name, address, and EIN of related organization	Primary activity	vity Legal domicile (state or foreign e		Predominant income (related, unrelated, excluded from tax under sections 512-514)	controlling Predominant income Share of total income entity (related, unrelated, income end-of-year allocations? 20 of Sc				Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Percen ^{jing} owners	ntage rship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	

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	(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	Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)		01 11000				Yes	No
									<u> </u>
	1							'	
	1							1	

Schedule R (Form 990) 2022 WASHINGTON, INC.

53-0212445 Page 3

Part V	Transactions With Related Organi	zations. Complete if the	organization answered "Yes"	" on Form 990. Part IV	/. line 34. 35b. or 36.
	Transastie martinelatea ergan	Eddenor e emprete mare	erganization anotioned ree		,,,,,

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No		
4			163	NO		
· ·	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?					
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		<u> </u>		
b	Gift, grant, or capital contribution to related organization(s)	1b		<u> </u>		
c Gift, grant, or capital contribution from related organization(s)						
d	Loans or loan guarantees to or for related organization(s)	1d				
е	Loans or loan guarantees by related organization(s)	1e				
f	Dividends from related organization(s)	1f				
g	Sale of assets to related organization(s)	1g				
h	Purchase of assets from related organization(s)	1h				
i	Exchange of assets with related organization(s)	1i				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k				
	Performance of services or membership or fundraising solicitations for related organization(s)	11				
	Performance of services or membership or fundraising solicitations by related organization(s)	1m				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n				
	Sharing of paid employees with related organization(s)	10				
р	Reimbursement paid to related organization(s) for expenses	1p				
q	Reimbursement paid by related organization(s) for expenses	1q				
r	Other transfer of cash or property to related organization(s)	1r				
S	Other transfer of cash or property from related organization(s)	1s				

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)			

Schedule R (Form 990) 2022 WASHINGTON, INC.

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)	(b)	(c)		14	2)	(f)	(g)	(r	J)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501 (org	all	Share of	Share of		• , opor-	Code V-LIBI	Genera	or Percentage
of entity	i initiary doubley	(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	Dispr tior allocat	iate tions?	amount in box 20	manag	ownership
,		country)		Yes		income	assets	Yes	No		Yes	· ·
			/	103	NO			103		,	1031	<u> </u>
											\vdash	

THE	JEWISH	FEDERATION	OF	GREATER
WASH	INGTON	INC.		

Schedule R (Form 990) 2022 WASH
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.

Schedule R (Form 990) 2022

13160515 147227 0615762-0615762.0990

232165 09-14-22

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

Name THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.	Employer Identification Number 53-0212445	
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - DEBT-FINANCED	RENTAL 2	27,598.
FEDERAL CONTRIBUTION - 50% CASH	24,9	49,753.
	·	
219341 04-01-22		
107		

Name	: THE JEWISH FE	DERATION OF GE	REATER WAS							FEIN:	53-0212445
Type	and Entity: DEB 1382 Annual Limitation	T-FINANCED RE	NTAL I POST-20 Section 382 Carryover		DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2022	2 227,598.										
2022 3 3 3 4 4 4 4 5 5 5 5 5 5											
J , V	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail Type	S Used for B	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
ì											
1											
2											
2											
J											
V											

	Amount Used for Used for	Amount Used for
Year Original Carryover Amount Total Amount Amount Used for Amou	Amount Used for 	
B I		
G Image: Second secon		
A Image: Second sec		
A Image: Second sec		
A Image: Second sec		
Image: Second		
Image: Second		
/ /		
F Amount Amount Amount Amount Amount Amount Amount Amount A	Amount Amount	Amount
Detail S Used for Use	Used for Used for	Used for
Type B		
A I		

212571 04-01-22

	THE JEWISH FEDERAT WASHINGTON, INC.				53-021	2445	
Form				ed Business ot Organizati			
(Wo			-	Private Foundations)		т	2023
				the Internal Revenue			
1	Unrelated business taxable income expected in the tax y	ear	UKI	REUL	JKL	1	
2	Tax on the amount on line 1					2	
3	Alternative minimum tax for trusts	J	NUI			3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits					5	
6	Subtract line 5 from line 4					6	
7	Other taxes					7	
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels					9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the o						
b	estimated tax payments Enter the tax shown on the 2022 return. Caution: If						
	zero or the tax year was for less than 12 months, skip th	nis line					
	and enter the amount from line 10a on line 10c		If the execution is requ		114,489.		
G	from line 10a on line 10c		•			10c	114,520.
			(a)	(b)	(C)		(d)
11	Installment due dates	11	10/16/23	12/15/23	03/15/2	4	06/17/24
12	Installments. Enter 25% of line 10c in						
	columns (a) through (d)	12	28,630.	28,630.	28,6	30.	28,630.
13	2022 Overpayment	13	28,630.	11,208.	JRD	2	
14	Payment due (Subtract line 13 from line 12)	14		17,422.	28,6	30.	28,630.
	D		NOT	FIL	E		Form 990-W

ESTIMATED TAX	114,520.
OVERPAYMENT APPLIED	39,838.
AMOUNT DUE	74,682.

223801 02-09-23

110 2022.05090 THE JEWISH FEDERATION OF 06157621 13160515 147227 0615762-0615762.0990

		RS e-file Signature Auth for a Tax Exempt En or fiscal year beginning JUL 1 , 2022, and 0		0000
	For calendar year 2022,	Do not send to the IRS. Keep for your		2022
Department of the Treasury Internal Revenue Service	C	to www.irs.gov/Form8879TE for the late		
Name of filer THE JEV	WISH FEDER	ATION OF GREATER	EIN or	
WASHING	GTON, INC.		53-	-0212445
Name and title of officer or per	,	GIL PREUSS		
Dort U Turno of F		CEO		
		urn Information using this Form 8879-TE and enter the applic		
whichever is applicable, bla than one line in Part I. 1a Form 990 check h 2a Form 990-EZ chec	ank (do not enter -0-) ere ck here	 he return being filed with this form was blank b. But, if you entered -0- on the return, then er b Total revenue, if any (Form 990, Part VII b Total revenue, if any (Form 990-EZ, line 	nter -0- on the applicable line bel I, column (A), line 12) 9)	low. Do not complete more 1b 2b
3a Form 1120-POL c		b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF chec		b Tax based on investment income (Form	n 990-PF, Part V, line 5)	4b
5a Form 8868 check		b Balance due (Form 8868, line 3c)		5b
6a Form 990-T check		 b Tax based on investment income (Form b Balance due (Form 8868, line 3c) b Total tax (Form 990-T, Part III, line 4) 		$\dots 6b _ 114,489$
7a Form 4720 check		b Total tax (Form 4720, Part III, line 1)		7b
8a Form 5227 check		b FMV of assets at end of tax year (Form	5227, Item D)	8b
9a Form 5330 check 10a Form 8038-CP ch		b Tax due (Form 5330, Part II, line 19)		9b
		b Amount of credit payment requested (ire Authorization of Officer or Pers	son Subject to Tax	10b
ntermediate service provid acknowledgement of receip of any refund. If applicable entry to the financial institu	that the amount in F ler, transmitter, or el ot or reason for rejec , I authorize the U.S ition account indicat	Part I above is the amount shown on the cop ectronic return originator (ERO) to send the re- ction of the transmission, (b) the reason for a Treasury and its designated Financial Agent ed in the tax preparation software for payme	eturn to the IRS and to receive f any delay in processing the retur to initiate an electronic funds w nt of the federal taxes owed on	ent to allow my rom the IRS (a) an n or refund, and (c) the date (this return, and the
ntermediate service provid acknowledgement of receip of any refund. If applicable entry to the financial institu- financial institution to debit ater than 2 business days payment of taxes to receive personal identification num	that the amount in F ler, transmitter, or el of or reason for rejec , I authorize the U.S ition account indicat t the entry to this ac prior to the paymen e confidential inform	Part I above is the amount shown on the cop ectronic return originator (ERO) to send the re ction of the transmission, (b) the reason for a . Treasury and its designated Financial Agent	y of the electronic return. I consider turn to the IRS and to receive f iny delay in processing the retur to initiate an electronic funds w nt of the federal taxes owed on he U.S. Treasury Financial Ager ial institutions involved in the pr lve issues related to the paymer	ent to allow my from the IRS (a) an n or refund, and (c) the date ithdrawal (direct debit) this return, and the nt at 1-888-353-4537 no focessing of the electronic nt. I have selected a nds withdrawal.
ntermediate service provid acknowledgement of receip of any refund. If applicable entry to the financial institu- financial institution to debit ater than 2 business days payment of taxes to receive personal identification num	that the amount in F ler, transmitter, or el of or reason for rejec , I authorize the U.S ition account indicat t the entry to this ac prior to the paymen e confidential inform ber (PIN) as my sign	Part I above is the amount shown on the cop- ectronic return originator (ERO) to send the re- ction of the transmission, (b) the reason for a Treasury and its designated Financial Agent ed in the tax preparation software for payme count. To revoke a payment, I must contact t t (settlement) date. I also authorize the financial ation necessary to answer inquiries and reso nature for the electronic return and, if applical	y of the electronic return. I consider turn to the IRS and to receive f iny delay in processing the retur to initiate an electronic funds w nt of the federal taxes owed on he U.S. Treasury Financial Ager ial institutions involved in the pr lve issues related to the paymer	ent to allow my rom the IRS (a) an m or refund, and (c) the date ithdrawal (direct debit) this return, and the ht at 1-888-353-4537 no occessing of the electronic nt. I have selected a nds withdrawal.
intermediate service provid acknowledgement of receip of any refund. If applicable, entry to the financial institut financial institution to debit later than 2 business days payment of taxes to receive personal identification num PIN: check one box only	that the amount in F ler, transmitter, or el of or reason for rejec , I authorize the U.S ition account indicat t the entry to this ac prior to the paymen e confidential inform ber (PIN) as my sign	Part I above is the amount shown on the cop- ectronic return originator (ERO) to send the re- ction of the transmission, (b) the reason for a Treasury and its designated Financial Agent ed in the tax preparation software for payme count. To revoke a payment, I must contact t t (settlement) date. I also authorize the financial ation necessary to answer inquiries and reso nature for the electronic return and, if applical	y of the electronic return. I conse eturn to the IRS and to receive f iny delay in processing the retur to initiate an electronic funds w nt of the federal taxes owed on he U.S. Treasury Financial Ager ial institutions involved in the pr lve issues related to the paymer ble, the consent to electronic fun	ent to allow my from the IRS (a) an n or refund, and (c) the date ithdrawal (direct debit) this return, and the nt at 1-888-353-4537 no focessing of the electronic nt. I have selected a nds withdrawal.
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Intermediate service provid acknowledgement of receip of any refund. If applicable, entry to the financial institu- financial institution to debit later than 2 business days payment of taxes to receive personal identification num PIN: check one box only X I authorize <u>COI</u> as my signature with a state ager on the return's d As an officer or p return. If I have in IRS Fed/State pr	that the amount in F ler, transmitter, or el ot or reason for rejac i, l authorize the U.S ition account indicat t the entry to this ac prior to the paymen ber (PIN) as my sign HNREZNICK	Part I above is the amount shown on the cop- ectronic return originator (ERO) to send the ri- ction of the transmission, (b) the reason for a Treasury and its designated Financial Agent ted in the tax preparation software for payme count. To revoke a payment, I must contact t t (settlement) date. I also authorize the financi- ation necessary to answer inquiries and reso nature for the electronic return and, if applical LLP ERO firm name R electronically filed return. If I have indicated narities as part of the IRS Fed/State program, creen.	y of the electronic return. I consider that the IRS and to receive funy delay in processing the return to initiate an electronic funds with an electronic funds with the federal taxes owed on the U.S. Treasury Financial Ager ital institutions involved in the paymer ble, the consent to electronic funds within this return that a copy of I also authorize the aforemention I as my signature on the tax year with a state agency(ies) regulating een.	ent to allow my rom the IRS (a) an n or refund, and (c) the data ithdrawal (direct debit) this return, and the nt at 1-888-353-4537 no rocessing of the electronic nt. I have selected a nds withdrawal. ny PIN 55555 Enter five numbers, but do not enter all zeros T the return is being filed oned ERO to enter my PIN ar 2022 electronically filed ng charities as part of the
ntermediate service provid acknowledgement of receip of any refund. If applicable, entry to the financial institu- inancial institution to debit ater than 2 business days bayment of taxes to receive bersonal identification num PIN: check one box only X I authorize <u>COI</u> as my signature with a state ager on the return's d As an officer or p return. If I have in IRS Fed/State pr Signature of officer or person subjec	that the amount in F ler, transmitter, or el ot or reason for rejac i, l authorize the U.S ition account indicat t the entry to this ac prior to the paymen ber (PIN) as my sign HNREZNICK	Part I above is the amount shown on the cop- ectronic return originator (ERO) to send the ri- ction of the transmission, (b) the reason for a treature of the transmission, (b) the reason for a ted in the tax preparation software for payme count. To revoke a payment, I must contact t it (settlement) date. I also authorize the financi- lation necessary to answer inquiries and reso nature for the electronic return and, if applical LLP ERO firm name Reference as part of the IRS Fed/State program, creen. Is with respect to the entity, I will enter my PIN return that a copy of the return is being filed on any PIN on the return's disclosure consent screen.	y of the electronic return. I consider that the IRS and to receive funy delay in processing the return to initiate an electronic funds with an electronic funds with the federal taxes owed on the U.S. Treasury Financial Ager ital institutions involved in the paymer ble, the consent to electronic funds within this return that a copy of I also authorize the aforemention I as my signature on the tax year with a state agency(ies) regulating een.	ent to allow my rom the IRS (a) an n or refund, and (c) the data ithdrawal (direct debit) this return, and the nt at 1-888-353-4537 no rocessing of the electronic nt. I have selected a nds withdrawal. ny PIN <u>55555</u> Enter five numbers, bur do not enter all zeros i the return is being filed oned ERO to enter my PIN ar 2022 electronically filed
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Intermediate service provid acknowledgement of receip of any refund. If applicable, entry to the financial institu- financial institution to debit ater than 2 business days payment of taxes to receive personal identification num PIN: check one box only X I authorize <u>COI</u> as my signature with a state ager on the return's d As an officer or pr return. If I have in IRS Fed/State pr Signature of officer or person subjec Part III <u>Certifica</u> ERO's EFIN/PIN. Enter yo number (EFIN) followed by I certify that the above num submitting this return in ac Business Returns.	that the amount in F ler, transmitter, or el ot or reason for rejact ition account indicat the entry to this ac prior to the paymen e confidential inform ber (PIN) as my sign HNREZNICK	Part I above is the amount shown on the cop- ectronic return originator (ERO) to send the ri- ction of the transmission, (b) the reason for a treasury and its designated Financial Agent red in the tax preparation software for payme count. To revoke a payment, I must contact t it (settlement) date. I also authorize the financial ation necessary to answer inquiries and reso nature for the electronic return and, if applical LLP ERO firm name Pelectronically filed return. If I have indicated harities as part of the IRS Fed/State program, creen. Is with respect to the entity, I will enter my PIN return that a copy of the return is being filed w by PIN on the return's disclosure consent screen tication c filing identification elected PIN.	y of the electronic return. I consider that the IRS and to receive fund delay in processing the return to initiate an electronic funds with the federal taxes owed on the U.S. Treasury Financial Ager ial institutions involved in the provessives related to the paymer ble, the consent to electronic funds within this return that a copy of I also authorize the aforemention I also Authorize the Authorize	ent to allow my rom the IRS (a) an m or refund, and (c) the data ithdrawal (direct debit) this return, and the th at 1-888-353-4537 no rocessing of the electronic nt. I have selected a nds withdrawal. My PIN 5555 Enter five numbers, but do not enter all zeros if the return is being filed oned ERO to enter my PIN ar 2022 electronically filed ng charities as part of the Date de IRS <i>e-file</i> Providers for
Intermediate service provid acknowledgement of receip of any refund. If applicable, entry to the financial institu- financial institution to debit ater than 2 business days bayment of taxes to receive bersonal identification num PIN: check one box only X I authorize <u>COI</u> as my signature with a state ager on the return's d As an officer or pr return. If I have in IRS Fed/State pr Signature of officer or person subjec Part III <u>Certifica</u> ERO's EFIN/PIN. Enter yo number (EFIN) followed by a certify that the above num submitting this return in ac Business Returns.	that the amount in F ler, transmitter, or el of or reason for rejaco ition account indicat the entry to this ac prior to the paymen e confidential inform ber (PIN) as my sign HNREZNICK	Part I above is the amount shown on the cop- ectronic return originator (ERO) to send the ri- ction of the transmission, (b) the reason for a tread in the tax preparation software for payme count. To revoke a payment, I must contact t is to the transmission, a payment, I must contact t is to necessary to answer inquiries and reso nature for the electronic return and, if applical ELLP ERO firm name electronically filed return. If I have indicated narities as part of the IRS Fed/State program, creen. Is with respect to the entity, I will enter my PIN return that a copy of the return is being filed with my PIN on the return's disclosure consent screen filing identification elected PIN.	y of the electronic return. I consider that the IRS and to receive fund the IRS and to receive fund the IRS and to receive fund the federal taxes owed on the U.S. Treasury Financial Agerial institutions involved in the provessing the return to institutions involved in the provesses related to the paymer pole, the consent to electronic funds within this return that a copy of I also authorize the aforemention I also Authorize I a	ent to allow my rom the IRS (a) an m or refund, and (c) the data ithdrawal (direct debit) this return, and the th at 1-888-353-4537 no rocessing of the electronic nt. I have selected a nds withdrawal. My PIN 5555 Enter five numbers, but do not enter all zeros if the return is being filed oned ERO to enter my PIN ar 2022 electronically filed ng charities as part of the Date de IRS <i>e-file</i> Providers for
Intermediate service provid acknowledgement of receip of any refund. If applicable, entry to the financial institu- tinancial institution to debit ater than 2 business days payment of taxes to receive personal identification num PIN: check one box only X I authorize COI as my signature with a state ager on the return's d As an officer or pr return. If I have in IRS Fed/State pr Signature of officer or person subjec Part III Certificat ERO's EFIN/PIN. Enter yo number (EFIN) followed by I certify that the above num submitting this return in ac Business Returns. ERO's signature COHI	that the amount in F ler, transmitter, or el ot or reason for reject ition account indicat t the entry to this ac prior to the paymen e confidential inform ber (PIN) as my sign HNREZNICK on the tax year 2022 ncy(ies) regulating ch isclosure consent so person subject to tax ndicated within this rogram, I will enter m t to tax tion and Auther ur six-digit electronic your five-digit self-se heric entry is my PIN cordance with the ro NREZNICK L: Do Not Su	Part I above is the amount shown on the cop- ectronic return originator (ERO) to send the ri- ction of the transmission, (b) the reason for a treasury and its designated Financial Agent red in the tax preparation software for payme count. To revoke a payment, I must contact t it (settlement) date. I also authorize the financial ation necessary to answer inquiries and reso nature for the electronic return and, if applical LLP ERO firm name R electronically filed return. If I have indicated harities as part of the IRS Fed/State program, creen. Is with respect to the entity, I will enter my PIN return that a copy of the return is being filed way py PIN on the return's disclosure consent screen tication c filing identification elected PIN.	y of the electronic return. I consider that the IRS and to receive fund the IRS and to receive fund the IRS and to receive fund the federal taxes owed on the U.S. Treasury Financial Agerial institutions involved in the provessing the return to institutions involved in the provesses related to the paymer pole, the consent to electronic funds within this return that a copy of I also authorize the aforemention I also Authorize I a	ent to allow my rom the IRS (a) an m or refund, and (c) the data ithdrawal (direct debit) this return, and the th at 1-888-353-4537 no rocessing of the electronic nt. I have selected a nds withdrawal. My PIN 5555 Enter five numbers, but do not enter all zeros if the return is being filed oned ERO to enter my PIN ar 2022 electronically filed ng charities as part of the Date de IRS <i>e-file</i> Providers for

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for each return.	

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.					Taxpayer identification number (TIN) $53 - 0212445$		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 6101 EXECUTIVE BLVD							
instructions								
Enter the	e Return Code for the return that this application is for (file	e a separat	e application for each return)					
Application			Application F					
ls For		Code	Is For					
Form 99	0 or Form 990-EZ	01	Form 1041-A					
Form 472	20 (individual)	03	Form 4720 (other than individual)	09				
Form 99	0-PF	04	Form 5227	10				
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11				
Form 99	0-T (trust other than above)	06	Form 8870	12				
Form 99	0-T (corporation) ERIC COLASUONNC	07						
 If the If this box ▶ 1 I re the ▶ 2 If t 	X tax year beginning JUL 1, 2022 he tax year entered in line 1 is for less than 12 months, cf Change in accounting period	Group Exe and atta MAX anization's , an heck reasc	mption Number (GEN) In the names and TINs of the names and TINs of the names and TINs of the return for:	f this is fo all membe	r the who ers the example organ	le group, check this		
	3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a 3a \$							
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and					
estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$	154,993.		
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by					
us	ing EFTPS (Electronic Federal Tax Payment System). See	<u>instructio</u>				0.		
instructio	: If you are going to make an electronic funds withdrawal ons. For Privacy Act and Paperwork Reduction Act Notice,			53-TE and		879-TE for payment m 8868 (Rev. 1-2022)		

223841 04-01-22

13160515 147227 0615762-0615762.0990 2022.05090 THE JEWISH FEDERATION OF 06157621

			EXTENDED TO MAY 15, 2024					
Form	990-T	n	OMB No. 1545-0047					
			0000					
		23	2022					
Departm	epartment of the Treasury For calendar year 2022 or other tax year beginning <u>JUL 1, 2022</u> , and ending <u>JUN 30, 2023</u> . Go to www.irs.gov/Form990T for instructions and the latest information.							
Internal I	Revenue Service		501(c)(3) Organizations Only					
A	Check box if		Name of organization (Check box if name changed and see instructions.)	DEmpl	oyer identification number			
	address changed.	-	THE JEWISH FEDERATION OF GREATER	_				
	mpt under section	Print	WASHINGTON, INC.	_	3-0212445			
	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.		nstructions)			
	408(e) 220(e)		6101 EXECUTIVE BLVD	_				
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code					
	529(a) 529A		NORTH BETHESDA, MD20852ok value of all assets at end of year322,575,462.	_ F └_	F Check box if			
					an amended return.			
	neck organization				college/university			
	neck if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439					
			ation filing a consolidated return with a 501(c)(2) titleholding corporation ed Schedules A (Form 990-T)		 2			
			ed Schedules A (Form 990-T) e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No			
			d identifying number of the parent corporation.					
	le books are in car			301-	230-7200			
Parl			d Business Taxable Income		200 / 200			
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see					
	、			1	606,762.			
2				2				
3	Add lines 1 and 2			3	606,762.			
4	Charitable contrib	utions	(see instructions for limitation rules) STMT 1 STMT 2	4	60,576.			
			taxable income before net operating losses. Subtract line 4 from line 3	5	546,186.			
6	Deduction for net	operati	ng loss. See instructions	6				
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.					
	Subtract line 6 fro	m line {	5	7	546,186.			
			rally \$1,000, but see instructions for exceptions)	8	1,000.			
9	Trusts. Section 19	99A de	duction. See instructions	9				
	Total deductions. Add lines 8 and 9 10 1,000.							
11	Unrelated busine	ess taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,					
	enter zero			11	545,186.			
Par		-		—	114 400			
			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	114,489.			
			ates. See instructions for tax computation. Income tax on the amount on					
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)ns					
	Proxy tax. See ins	3						
	Other tax amounts. See instructions 4							
	Alternative minimum tax (trusts only) 5							
	Tax on noncompliant facility income. See instructions 6 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7 114							
<u> </u>	For Device Intes 5		h 6 to line 1 or 2, whichever applies		<u>114,489</u> .			

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

223701 01-16-23

Form 9	90-T (2022)			F	2 age		
Part	III Tax and Payments						
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)						
b	Other credits (see instructions)						
с	General business credit. Attach Form 3800 (see instructions)						
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d						
е	Total credits. Add lines 1a through 1d	1e					
2	Subtract line 1e from Part II, line 7	2	11	4,4	<u>89.</u>		
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	3					
4	Total tax. Add lines 2 and 3 (see instructions).						
	section 1294. Enter tax amount here	4	11	4,4	<u>89.</u>		
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5			0.		
6a	Payments: A 2021 overpayment credited to 2022						
b	2022 estimated tax payments. Check if section 643(g) election applies 6b 100,000.						
с	Tax deposited with Form 8868 6c						
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d						
е	Backup withholding (see instructions)						
f	Credit for small employer health insurance premiums (attach Form 8941)						
g	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total 6g						
7							
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		6	66.		
9		9	-				
10	20						
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax 39,838 • Refunded	11	,		0.		
Part							
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority			Yes	No		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			ľ			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			ſ			
	here			ľ	x		
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			l			
	foreign trust?				X		
•	If "Yes," see instructions for other forms the organization may have to file.			ſ			
3							
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carr		~				
_	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part		<i>J</i> .	ſ			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			ſ			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			-			
	Business Activity Code Available post-2017 NOL ca	arryove	<u>r</u>	-			
	\$			-			
	\$				v		
6a	Did the organization change its method of accounting? (see instructions)				X		
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"						
Devit	explain in Part V	<u></u>	<u></u>		Ĺ		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

								vledge and belief, it is true, May the IRS discuss this return with the preparer shown below (see	
	Signature of officer		Date	Title				ctions)? X Yes No	
Paid	Print/Type prepar LORI ROT	HE	Preparer's signature LORI ROTHE	~~~		Check self- employ] if ed	PTIN	
Preparer Use Only		<u>Y, CPA</u> COHNREZNI	YOKOBOSKY, CK LLP	СРА	05/15/24	Firm's FIN		P01273422 22-1478099	
	Firm's name	14 SYLV	-			Firm's EIN		22-1470099	
	Firm's address PARSIPPANY, NJ 07054-3801					Phone no.	97	3-228-3500	
223711 01-16-2	23							Form 990-T (2022)	
			:	114					

13160515 147227 0615762-0615762.0990 2022.05090 THE JEWISH FEDERATION OF 06157621

FORM 990-T	CONTRIBUTIONS	STATEMENT 1	
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
50% CASH ONLY CHARITABLE CONTRIBUTIONS - PRIVATE ADVISORS SMALL COMPANY PRIVATE EOU	N/A N/A	25,010,208.	
CHARITABLE CONTRIBUTIONS - PRIVATE ADVISORS SMALL COMPANY	N/A	66.	
TOTAL TO FORM 990-T, PART I, LI	INE 4	25,010,329.	

115 STATEMENT(S) 1 13160515 147227 0615762-0615762.0990 2022.05090 THE JEWISH FEDERATION OF 06157621

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	2
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2017 YEAR 2018 YEAR 2019 YEAR 2020 YEAR 2021		
TOTAL CAR TOTAL CUR	RYOVER RENT YEAR 10% CONTRIBUTIONS 25,010,329		
	TRIBUTIONS AVAILABLE25,010,329NCOME LIMITATION AS ADJUSTED60,576		
EXCESS 10	NTRIBUTIONS 24,949,753 0% CONTRIBUTIONS 0 ESS CONTRIBUTIONS 24,949,753	-	
ALLOWABLE	CONTRIBUTIONS DEDUCTION	60,	576
TOTAL CON	TRIBUTION DEDUCTION	60,	576

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

OMB No. 1545-0047

501(c)(3) Organizations Only

2

١	Name of the organization	\mathbf{THE}	JEWISH	FEDERATION	OF	GREATER	
	WASHINGTO	N, IN	IC.				

B Employer identification number 53-0212445

of

1

D Sequence:

C Unrelated business activity code (see instructions) 900001

E Describe the unrelated trade or business INCOME DERIVED FROM PARTNERSHIP INVESTMENTS

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a	124,315.		124,315.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 3	5	616,971.		616,971.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	741,286.		741,286.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages		
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions		
6	Taxes and licenses		49,022.
7	Depreciation (attach Form 4562). See instructions 7		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans		
11	Employee benefit programs		
12	Excess exempt expenses (Part VIII)		
13	Excess readership costs (Part IX)		
14	Other deductions (attach statement) SEE STATEMENT 4	14	85,502.
15	Total deductions. Add lines 1 through 14	15	134,524.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	606,762.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	. 18	606,762.
I HA	For Paperwork Reduction Act Notice, see instructions.	Schedu	le A (Form 990-T) 2022

223741 01-16-23

Sched	ule A (Form 990-T) 2022				Page 2
Part		hod of inventory valuati	on		<u> </u>
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter I	here and in Part I, line 2			
9	Do the rules of section 263A (with respect to property)				Yes No
Part			-		
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instr	uctions.	
	A				
	В				
	D			-	
		A	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					0
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
_	_				0.
5 Part	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s.	iter here and on Part I,	line 6, column (B)		0.
1	Description of debt-financed property (street address, of		haak if a dual usa. Caa	instructions	
		city, state, ZIP code). C	neck il a dual-use. See	instructions.	
	B				
	c				
	D []	A	В	с	D
0	Cross income from an allocable to debt financed	A	D	U	U
2	Gross income from or allocable to debt-financed				
2	property				
3	Deductions directly connected with or allocable				
-	to debt-financed property				
a L	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				^
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)	·····	0.
~		[]		I	
9	Allocable deductions. Multiply line 3c by line 6			(D)	0.
10	Total allocable deductions. Add line 9, columns A thr Total dividends-received deductions included in line				0.
11 223721 (• 0 • A (Form 990-T) 2022
220121		118		Schedule	

^{13160515 147227 0615762-0615762.0990 2022.05090} THE JEWISH FEDERATION OF 06157621

												1
	ule A (Form 990-T) 2022 VI Interest, Annu		and Re	nts fron	n Control	led Or	aanization		ee instruct	iono)	Page	3
rait							Exempt Control	,		,		—
	1. Name of controlled	d 2. Emp	loyer	3. Net (unrelated		al of specified	5. Pa	art of colur	mn 4	6. Deductions direct	y
	organization	identific	ation	incom	ne (loss)	payn	nents made		included		connected with	
		numb	ber	(see ins	tructions)				s gross inc		income in column 5	;
<u>(1)</u>												
(2)												
(3)												
<u>(4)</u>												
			1		Controlled O	-			-		<u> </u>	
7	. Taxable Income	8. Net unrelate income (loss) (see instructior)		otal of specif yments mad		10. Part of that is inclusion controlling	luded	in the zation's		Deductions directly connected with come in column 10	
(1)							giuss	Incon				
(1) (2)												—
(3)												_
(4)												
Totals							Add colum Enter here line 8, c	and or	Part I,	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B) 0	•
Part	VII Investment I	ncome of a Sect	tion 501	(c)(7) (9) or (17)	Organ	jization (c	oo inct	ructions)		0	<u>•</u>
		ription of income			2. Amou		3. Deductio		4. Set-	asides	5. Total deductio	ns
					incor		directly conne (attach stater	ected	(attach st		(add cols 3 and 4	
(1)												
(2)												
(3)												
(4)					Add amou	unto in					Add amounts in	_
					column 2 here and o	. Enter n Part I,					column 5. Enter here and on Part	r I,
Totals					line 9, colu	umn (A)					line 9, column (E	•
Part	VIII Exploited Ex	xempt Activity In	ncome	Other T	han Adve		a Income	soo ing	structions)		0	<u>•</u>
1	Description of exploite			5				366 118	5000000			_
2	Gross unrelated busine		e or busin	ess. Enter	r here and o	n Part I.	line 10. colum	n (A)		2		
3	Expenses directly conr											
										3		
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from act									5		
6	Expenses attributable	to income entered on	line 5							6		
7	Excess exempt expense											
	4. Enter here and on P	art II, line 12								7		

Schedule A (Form 990-T) 2022

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	ule A (Form 990-T) 2022					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or m	ore periodicals on	a consolidated basi	S.	
	A 🗌					
	в					
	c 🗌					
	D 🗌					
Enter a	amounts for each periodical listed above in the o	correspond	ling column.			
		ſ	Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on	Part I, line	11, column (A)			0.
а		_				
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on	Part I, line	11, column (B)			0.
		_				
4	Advertising gain (loss). Subtract line 3 from lin	ne 🗌				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	n				
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
•	line 5, subtract line 6 from line 5. If line 5 is less					
	than line 6, enter zero					
8	Excess readership costs allowed as a					
Ū	deduction. For each column showing a gain o	nn l				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gr		line 82 columns t	I otal or zero bere an	ud on	
u	Part II, line 13					0.
Part	X Compensation of Officers, Dir	rectors, a	and Trustees			-
	-			, , , , , , , , , , , , , , , , , , , ,	3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
<u></u>					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total	. Enter here and on Part II, line 1					0.
Part		e instructio	ons)		I	

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Schedule A (Form 990-T) 2022

1

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FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
AG REALTY FUND VII (TE) LP - ORDINARY BUSINESS INCOME	
(LOSS)	-1,123.
ENTERPRISE PRODUCTS PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS)	-39,197.
LEXINGTON CAPITAL PARTNERS VI-A, LP - ORDINARY BUSINESS INCOME (LOSS)	314.
LEXINGTON CAPITAL PARTNERS VI-A, LP - NET RENTAL REAL ESTATE INCOME	-8.
LEXINGTON CAPITAL PARTNERS VI-A, LP - INTEREST INCOME	-0.
LEXINGTON CAPITAL PARTNERS VI-A, LP - DIVIDEND INCOME	1.
PRIVATE ADVISORS SMALL COMPANY PRIVATE EQU - ORDINARY	24 461
BUSINESS INCOME (LOSS) PRIVATE ADVISORS SMALL COMPANY PRIVATE EQU - NET RENTAL	-34,461.
REAL ESTATE INCOME	12.
PRIVATE ADVISORS SMALL COMPANY PRIVATE EQU - ROYALTIES	572
PRIVATE ADVISORS SMALL COMPANY PRIVATE EQU - OTHER INCOME	
(LOSS)	600.
PRIVATE ADVISORS SMALL COMPANY - ORDINARY BUSINESS INCOME (LOSS)	131,665
PRIVATE ADVISORS SMALL COMPANY - INTEREST INCOME	121
PRIVATE ADVISORS SMALL COMPANY - DIVIDEND INCOME	4,595
PRIVATE ADVISORS SMALL COMPANY - OTHER PORTFOLIO INCOME	
(LOSS)	3,932
PRIVATE ADVISORS SMALL COMPANY - OTHER INCOME (LOSS)	-4,939
<pre>FIFF PRIVATE EQUITY PARTNERS 2006, LLC - ORDINARY BUSINESS INCOME (LOSS)</pre>	-4,159
TIFF PRIVATE EQUITY PARTNERS 2006, LLC - OTHER INCOME	4,133
(LOSS)	-1,524
TIFF PRIVATE EQUITY PARTNERS 2007, LLC - ORDINARY BUSINESS	
INCOME (LOSS)	3,391
<pre>FIFF PRIVATE EQUITY PARTNERS 2007, LLC - INTEREST INCOME FIFF PRIVATE EQUITY PARTNERS 2007, LLC - OTHER INCOME</pre>	1
(LOSS)	280
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ORDINARY BUSINESS	200
INCOME (LOSS)	-2,054
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - DIVIDEND INCOME	1
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - OTHER INCOME	1 470
(LOSS) WALTON STREET REAL ESTATE FUND VI, LP - ORDINARY BUSINESS	-1,478
INCOME (LOSS)	72,551
WALTON STREET REAL ESTATE FUND VI, LP - NET RENTAL REAL	, • • _ ·
ESTATE INCOME	-4,487
WALTON STREET REAL ESTATE FUND VI, LP - OTHER INCOME	
(LOSS)	63
FRIENDSHIP PROPERTIES LIMITED PARTNERSHIP - ORDINARY BUSINESS INCOME (LOSS)	-21,017
FRIENDSHIP PROPERTIES LIMITED PARTNERSHIP - NET RENTAL	21,U1/
REAL ESTATE INCOME	203,186
HIGHLAND HOUSE LIMITED PARTNERSHIP - ORDINARY BUSINESS	
INCOME (LOSS)	-8,573.
HIGHLAND HOUSE LIMITED PARTNERSHIP - NET RENTAL REAL	
ESTATE INCOME	303,650 STATEMENT(S)

13160515 147227 0615762-0615762.0990 2022.05090 THE JEWISH FEDERATION OF 06157621

THE JEWISH FEDERATION OF GREATER WASHING	53-0212445
HIGHLAND HOUSE LIMITED PARTNERSHIP - ORDINARY BUSINESS INCOME (LOSS) HIGHLAND HOUSE LIMITED PARTNERSHIP - NET RENTAL REAL	-438.
ESTATE INCOME	15,492.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	616,971.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
TAX PREPARATION FEES INVESTMENT MANAGEMENT FEE		4,000. 17,855.
COMPANY	OLIO FROM PRIVATE ADVISORS SMALL	63,647.
TOTAL TO SCHEDULE A, PART	r II, LINE 14	85,502.

Department of the Treasury Internal Revenue Service

Name

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Yes X No

Employer identification number

53-0212445

THE	JEWISH	FEDERATION	OF	GREATER
WASE	INGTON	INC.		

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.	Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	
	If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or lo	oss.

Part I Short-Term Capital Ga	iins and Losses - Ass	lets field offer feat	UI Less		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89		(h) Gain or (loss) Subtract column (e) from
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column		column (d) and combine the result with column (g)
 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked		7			
4 Short-term capital gain from installment sale				4	
5 Short-term capital gain or (loss) from like-ki				5	
6 Unused capital loss carryover (attach compu	(ation)			<u>6</u> 7)
7 Net short-term capital gain or (loss). Combi Part II Long-Term Capital Ga	ins and Losses - Ass	ets Held More Tha	n One Year	1	
See instructions for how to figure the amounts					(h) Gain or (loss)
to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.			, ,		result with column (g)
 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 					
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to					
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 					
 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 					
 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 				11	1,498.
 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 				11	
 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked	s from Form 6252, line 26 or 3	7		12	1,498.
 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kit 	s from Form 6252, line 26 or 3 nd exchanges from Form 8824	7		12 13	1,498.
 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kii 14 Capital gain distributions 	s from Form 6252, line 26 or 3 nd exchanges from Form 8824	7		12 13 14	1,498. 122,817.
 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kit 	s from Form 6252, line 26 or 3 nd exchanges from Form 8824 ne lines 8a through 14 in colum	7		12 13	1,498.
 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kii 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III 	s from Form 6252, line 26 or 3 nd exchanges from Form 8824 e lines 8a through 14 in colum d II	7 n h		12 13 14 15	1,498. 122,817.
 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-ki 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I an 16 Enter excess of net short-term capital gain (I 	s from Form 6252, line 26 or 3 nd exchanges from Form 8824 ne lines 8a through 14 in colum d II ine 7) over net long-term capita	7 n h l loss (line 15)		12 13 14 15 16	1,498. 122,817. 124,315.
 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kii 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III 	s from Form 6252, line 26 or 3 nd exchanges from Form 8824 te lines 8a through 14 in colum d II ine 7) over net long-term capita n capital gain (line 15) over ne	7 n h Il loss (line 15) t short-term capital loss (lin	e 7)	12 13 14 15	1,498. 122,817.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

221051 12-16-22

Form 8949 (2022)				Attachm	nent Sequen	ce No. 12A	Page 2	
Name(s) shown on return. Name and						Social secur	rity number or	
THE JEWISH FED		OF GREATE	IR				entification no.	
WASHINGTON, IN		in reasing any	Earm(a) 1000 B a	ar aubatituta atatam	ant(a) from u		212445	
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	box to check.							
Part II Long-Term. Transaction	ons involving capita	I assets you held n	nore than 1 year are	generally long-term (s	ee instruction	s). For short-term t	ransactions,	
Note: You may aggregate al codes are required. Enter the								
You must check Box D, E, or F below. O If you have more long-term transactions than will	Check only one bo	x. If more than one b	ox applies for your long-	-term transactions, compl	ete a separate Fo	orm 8949, page 2, for		
(D) Long-term transactions rep								
(E) Long-term transactions rep	orted on Form(s)	1099-B showing	g basis wasn't re	ported to the IRS				
X (F) Long-term transactions not	reported to you	on Form 1099-B		1				
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in	loss. If you in column (g column (f).	if any, to gain or enter an amount y), enter a code in See instructions. (g)	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result	
				the instructions	Code(s)	Amount of adjustment	with column (g)	
LEXINGTON CAPITAL					[620	~
PARTNERS VI-A, LP TIFF PRIVATE							-639.	C
EQUITY PARTNERS								
2007, LLC							-7.	С
TIFF PRIVATE								
EQUITY PARTNERS								
2008, LLC							2,144.	С
2 Totals. Add the amounts in colur negative amounts). Enter each to	tal here and inclu	ide on your						
Schedule D, line 8b (if Box D abo above is checked), or line 10 (if E		·					1,498.	
Note: If you checked Box D above b			vas incorrect. ent	er in column (e) the	basis as rer	ported to the IRS		
adjustment in column (g) to correct t	•				-			-
223012 10-24-22						I	Form 8949 (2022)	
60515 147227 061576	52-061576	2.0990	124 2022.0509	0 THE JEW	ISH FEI	DERATION	OF 06157	621

Form	47	97
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assets

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

OMB No	1545-0184
21	122

27

Attachment

Identifying number

Seauence No

Internal Revenue Service	

Internal Revenue Service	Go	to wv	ww.irs.gov/Form4797 for instructions and the latest information.
Name(s) shown on return)		
THE JEWISH	FEDERATION	OF	GREATER

THE JEWISH FEDERATION OF GREATER		
WASHINGTON, INC.		53-0212445
1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S		
(or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of		
MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS		

1c Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Part I

	Than Casualty or Theft	-Most Prope	rty Held Mo	re Than 1 Yea	r (see instruction	is)		
2 SE	(a) Description of property E STATEMENT 6	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvement expense of	ıs s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39	•		•	•	•	3	
4	Section 1231 gain from installment sa	ales from Form 6	252. line 26 or 3	7			4	
5	Section 1231 gain or (loss) from like-k						5	
6	Gain, if any, from line 32, from other t						6	
7	Combine lines 2 through 6. Enter the	-					7	122,817.
-	Partnerships and S corporations. F						-	,
	line 10, or Form 1120-S, Schedule K,		· / ·					
	Individuals, partners, S corporation	-			loss enter the am	ount		
	from line 7 on line 11 below and skip	,			,			
	1231 losses, or they were recaptured		•					
	the Schedule D filed with your return	and skip lines 8,	9, 11, and 12 b	elow.				
8	Nonrecaptured net section 1231 loss	es from prior veg	ure See instructi	one			8	[
9	Subtract line 8 from line 7. If zero or l						-	
9	line 9 is more than zero, enter the am	,	,	Ũ				
	capital gain on the Schedule D filed v			•		Jigiteini	9	122,817.
_		•					9	122,017.
Pa	rt II Ordinary Gains and I	Losses (see in	structions)					
10	Ordinary gains and losses not includ	led on lines 11 th	rough 16 (inclue	he property held 1	vear or less).			
10	ordinary gains and losses not includ							
								· · · · · · · · · · · · · · · · · · ·
11							11	()
12	Gain, if any, from line 7 or amount fro						12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lin						14	
15	Ordinary gain from installment sales f						15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824					16		
17	Combine lines 10 through 16						17	
18	For all except individual returns, ente	r the amount fror	n line 17 on the	appropriate line of	f your return and sl	kip lines		
	a and b below. For individual returns,	complete lines a	and b below.					
а	If the loss on line 11 includes a loss fi	rom Form 4684,	line 35, column	(b)(ii), enter that pa	art of the loss here.	Enter the		
	loss from income-producing property	on Schedule A (Form 1040), line	16. (Do not includ	le any loss on prop	erty used		
	as an employee.) Identify as from "Fo	rm 4797, line 18	a." See instructi	ons			18a	
b	Redetermine the gain or (loss) on line							

(Form 1040), Part I, line 4

LHA For Paperwork Reduction Act Notice, see separate instructions. 218011 12-12-22

Form 4797 (2022)

18b

125

Form 4797 (2022) WASHINGTON, INC.

(b) Date acquired (c) Date sold 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: (mo., day, yr.) (mo., day, yr.) Δ В С D These columns relate to the properties on **Property A Property B Property C Property D** lines 19A through 19D. 20 20 Gross sales price (Note: See line 1a before completing.) 21 21 Cost or other basis plus expense of sale 22 Depreciation (or depletion) allowed or allowable 22 Adjusted basis. Subtract line 22 from line 21 23 23 24 Total gain. Subtract line 23 from line 20 24 25 If section 1245 property: 25a a Depreciation allowed or allowable from line 22 25b b Enter the smaller of line 24 or 25a 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. **a** Additional depreciation after 1975. See instructions 26a b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions 26b c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e 26c d Additional depreciation after 1969 and before 1976 26d e Enter the smaller of line 26c or 26d 26e **f** Section 291 amount (corporations only) 26f 26g g Add lines 26b, 26e, and 26f If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for 27 a partnership. a Soil, water, and land clearing expenses 27a **b** Line 27a multiplied by applicable percentage 27b c Enter the smaller of line 24 or 27b 27c If section 1254 property: 28 a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, 28a mining exploration costs, and depletion. See instructions 28b b Enter the smaller of line 24 or 28a 29 If section 1255 property: a Applicable percentage of payments excluded 29a from income under section 126. See instructions b Enter the smaller of line 24 or 29a. See instructions 29b

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30			
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31			
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion				
	from other than casualty or theft on Form 4797, line 6	32			
Pa	Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less				

ee	instructions)

(s

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
2180	12 12-12-22			Form 4797 (2022)

Form 4797 (2022)

53-0212445

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13160515 147227 0615762-0615762.0990 2022.05090 THE JEWISH FEDERATION OF

SCHEDULE A	Unrelated Business
(Form 990-T)	Unrelated business
. ,	From an Unrelated T

Trade or Business

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

2

B Employer identification number 53-0212445

D Sequence:

2

of

1	Name of the organization	THE	JEWISH	FEDERATION	OF	GREATER	
	WASHINGTON	J, IN	IC.				

Unrelated business activity code (see instructions) С

Describe the unrelated trade or business

Department of the Treasury

Internal Revenue Service

Ε

531390

DEBT-FINANCED RENTAL INCOME

Taxable Income

Pa	t I Unrelated Trade or Business Income		(A) Inco	me	(B) Exper	nses	(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
с	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7	372	<u>,973.</u>	600	,571.	-227,598.
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	372	<u>,973.</u>	600	,571.	-227,598.
	t II Deductions Not Taken Elsewhere See instructi directly connected with the unrelated business in	icome	9				s must de
1	Compensation of officers, directors, and trustees (Part X)						
2	Salaries and wages						
3	Repairs and maintenance						
4	Bad debts						
5	Interest (attach statement). See instructions						
6	Taxes and licenses					. 6	
7	Depreciation (attach Form 4562). See instructions			7			
8	Less depreciation claimed in Part III and elsewhere on return			Ba		8b	
9	Depletion						
10	Contributions to deferred compensation plans						
11	Employee benefit programs						
12	Excess exempt expenses (Part VIII)					. 12	
13	Excess readership costs (Part IX)						
14 15	Other deductions (attach statement)						0.
15 16	Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. S					. 15	0.
16						16	-227,598.
17	column (C) Deduction for net operating loss. See instructions						0.
17 18	Unrelated business taxable income. Subtract line 17 from line 1						-227,598.
LHA					<u></u>		le A (Form 990-T) 2022
						ooneuu	

223741 01-16-23

Sahad	ule A (Form 990-T) 2022				2 Page 2
Part		hod of inventory valuation			raye 4
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9 Part	Do the rules of section 263A (with respect to property Rent Income (From Real Property and				Yes No
1	Description of property (property street address, city, s				
	Α				
	в 🔲				
	c 🗌				
	D 🗌				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here and	hon Part Lline 6 colum	an (A)	0.
U	Deductions directly connected with the income				
	beddetions directly connected with the moone				
4	in lines 2(a) and 2(b) (attach statement)				
4	in lines 2(a) and 2(b) (attach statement)				
		ter here and on Part L line	6. column (B)		0.
5	Total deductions. Add line 4 columns A through D. Er		6, column (B)		0.
5	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (s	ee instructions)			0.
5 Part)	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (s Description of debt-financed property (street address,	ee instructions) city, state, ZIP code). Chec	k if a dual-use. See ins		0.
5 Part	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO	ee instructions) city, state, ZIP code). Chec	k if a dual-use. See ins		0.
5 Part)	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	ee instructions) city, state, ZIP code). Chec	k if a dual-use. See ins		0.
5 Part)	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO	ee instructions) city, state, ZIP code). Chec	k if a dual-use. See ins		0.
5 Part	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A A 6101 EXECUTIVE BLVD, NO B	ee instructions) city, state, ZIP code). Chec RTH BETHESDA,	k if a dual-use. See ins MD 20852	tructions.	
5 Part ' 1	Total deductions. Add line 4 columns A through D. End V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	ee instructions) city, state, ZIP code). Chec	k if a dual-use. See ins		0.
5 Part	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A A 6101 EXECUTIVE BLVD, NO B	ee instructions) city, state, ZIP code). Chec RTH BETHESDA,	k if a dual-use. See ins MD 20852	tructions.	
5 Part ' 1	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	ee instructions) city, state, ZIP code). Chec RTH BETHESDA,	k if a dual-use. See ins MD 20852	tructions.	
5 Part 1 1	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	ee instructions) city, state, ZIP code). Chec RTH BETHESDA,	k if a dual-use. See ins MD 20852	tructions.	
5 Part 1 1	Total deductions. Add line 4 columns A through D. End V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	ee instructions) city, state, ZIP code). Chec RTH BETHESDA,	k if a dual-use. See ins MD 20852	tructions.	
5 Part 1 1 2 3	Total deductions. Add line 4 columns A through D. End V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	ee instructions) city, state, ZIP code). Chec RTH BETHESDA, A 1,340,761. 0.	k if a dual-use. See ins MD 20852	tructions.	
5 Part 1 1 2 3 a	Total deductions. Add line 4 columns A through D. End V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	A	k if a dual-use. See ins MD 20852	tructions.	
5 Part 1 1 2 3 a b	Total deductions. Add line 4 columns A through D. Ex V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	ee instructions) city, state, ZIP code). Check RTH BETHESDA, 1,340,761. 0. 2,158,929.	k if a dual-use. See ins MD 20852	tructions.	
5 Part 1 1 2 3 a b	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	ee instructions) city, state, ZIP code). Chec RTH BETHESDA, A 1,340,761. 0.	k if a dual-use. See ins MD 20852	tructions.	
5 Part 1 2 3 a b c	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	A 1,340,761. 0. 2,158,929.	k if a dual-use. See ins MD 20852	tructions.	
5 Part 1 1 2 3 a b c 4	Total deductions. Add line 4 columns A through D. End V Unrelated Debt-Financed Income (state) Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	ee instructions) city, state, ZIP code). Check RTH BETHESDA, 1,340,761. 0. 2,158,929.	k if a dual-use. See ins MD 20852	tructions.	
5 Part 1 2 3 a b c	Total deductions. Add line 4 columns A through D. End V Unrelated Debt-Financed Income (state) Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	A 1,340,761. 2,158,929. 1,805,833.	k if a dual-use. See ins MD 20852	tructions.	
5 Part 1 1 2 3 a b c 4	Total deductions. Add line 4 columns A through D. End V Unrelated Debt-Financed Income (state) Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	A 1,340,761. 0. 2,158,929.	B B	tructions.	D
5 Part 1 1 2 3 a b c 4 5	Total deductions. Add line 4 columns A through D. Ex V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	A 1,340,761. 2,158,929. 1,805,833. 6,491,582.	k if a dual-use. See ins MD 20852	C	D
5 Part 1 2 3 a b c 4 5 5 6	Total deductions. Add line 4 columns A through D. End V Unrelated Debt-Financed Income (state) Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	A 1,340,761. 2,158,929. 1,805,833. 6,491,582. 27.818% 372,973.	B B %	C C %	D
5 Part 1 2 3 a b c 4 5 4 5 6 7 8	Total deductions. Add line 4 columns A through D. Ex V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	A 1,340,761. 0. 2,158,929. 1,805,833. 6,491,582. 27.818% 372,973. D. Enter here and on Part I,	B B %	C C %	D
5 Part 1 1 2 3 a b c 4 5 4 5 6 7 8 9	Total deductions. Add line 4 columns A through D. Ex V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO B	A 1,340,761. 0. 2,158,929. 1,805,833. 6,491,582. 27.818% 372,973. Enter here and on Part I, 600,571.	B B b b b b b b b b b b b b b b b b b b	tructions.	D % 372,973.
5 Part 1 2 3 a b c 4 5 4 5 6 7 8	Total deductions. Add line 4 columns A through D. Ex V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 6101 EXECUTIVE BLVD, NO. B	A 1,340,761. 0. 2,158,929. 1,805,833. 6,491,582. 27.818% 372,973. Enter here and on Part I, 600,571. rough D. Enter here and or	B B b b b b b b b b b b b b b b b b b b	tructions.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.

												2
Schedu Part	ule A (Form 990-T) 2022 VI Interest, Annu	ities Bo	valties, and Re	ents fror	n Control	led Or	ganization	S (se	ee instruct	ions)		Page 3
1 011			yantoo, ana m				Exempt Contro	,		,		
1. Name of controlled		d	2. Employer	3. Net	unrelated	1	al of specified	T	art of colu	r	6. Ded	uctions directly
	organization		identification	incon	ne (loss)	payn	nents made		s included		cor	nnected with
			number	(see ins	structions)				s gross inc		incon	ne in column 5
<u>(1)</u>												
(2)												
(3)												
<u>(4)</u>			NI-									
	. Taxable Income	0	NC let unrelated		Controlled Or otal of specif	-	ons 10. Part o	of colu	mn 0	44	Doduo	tiona directly
,		ine	come (loss) instructions)		yments mad		that is inc	luded	in the zation's		conne	tions directly cted with n column 10
(1)			,				gross	Incon				
(2)												
(3)												
(4)												
T . 4 . 1 .							Add colum Enter here line 8, c	and or	n Part I,	Ente	er here	nns 6 and 11. and on Part I, column (B) 0 •
Totals Part	VII Investment I	Income (of a Section 50	1(c)(7) (9) or (17)	Organ	l nization (a	aa inat				0.
1 are		cription of i		·(•)(<i>r</i>), (2. Amou		3. Deduction		ructions) 4 Set	asides	5. T	otal deductions
		·			incon		directly conne (attach stater	ected	(attach st			nd set-asides dd cols 3 and 4)
(1)												
(2)												
(3)												
(4)					Add amou	inte in						dd amounts in
					column 2							olumn 5. Enter
					here and or line 9, colu							re and on Part I, le 9, column (B)
Totals						0 •					''''	0 •
Part	VIII Exploited E	xempt A	ctivity Income	Other 1	han Adve		a Income	see ing	structions)			
1	Description of exploite		,	,				000 1110				
2	Gross unrelated busine		e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
	line 10, column (B)									3		
4	Net income (loss) from											
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expense											
	4. Enter here and on P	Part II, line 1	2							7		

Schedule A (Form 990-T) 2022

223731 01-16-22

Part IX Advertising Income 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis. A	
A	
B	
C	
D	
Enter amounts for each periodical listed above in the corresponding column. A B C	
A B C	
2 Gross advertising income	D
Add columns A through D. Enter here and on Part I, line 11, column (A)	0.
a	
3 Direct advertising costs by periodical	
a Add columns A through D. Enter here and on Part I, line 11, column (B)	0.
·	
4 Advertising gain (loss). Subtract line 3 from line	
2. For any column in line 4 showing a gain,	
complete lines 5 through 8. For any column in	
line 4 showing a loss or zero, do not complete	
lines 5 through 7, and enter zero on line 8	
5 Readership costs	
6 Circulation income	
7 Excess readership costs. If line 6 is less than	
line 5, subtract line 6 from line 5. If line 5 is less	
than line 6, enter zero	
8 Excess readership costs allowed as a	
deduction. For each column showing a gain on	
line 4, enter the lesser of line 4 or line 7	
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on	
	0.
Part X Compensation of Officers, Directors, and Trustees (see instructions)	
	Compensation
	attributable to
to business unr	elated business
(1) %	
(2) %	
(3) %	
(3) % (4) %	
(3) % (4) %	
	0.
(4) % Total. Enter here and on Part II, line 1	0.
	0.
(4) % Total. Enter here and on Part II, line 1	0.
(4) % Total. Enter here and on Part II, line 1	0.
(4) % Total. Enter here and on Part II, line 1	0.
(4) % Total. Enter here and on Part II, line 1	0.
(4) % Total. Enter here and on Part II, line 1	0.
(4) % Total. Enter here and on Part II, line 1	0.
(4) % Total. Enter here and on Part II, line 1	0.
(4) % Total. Enter here and on Part II, line 1	0.
(4) % Total. Enter here and on Part II, line 1	0.
(4) % Total. Enter here and on Part II, line 1	0.
(4) % Total. Enter here and on Part II, line 1	0.
(4) % Total. Enter here and on Part II, line 1	0.
(4) % Total. Enter here and on Part II, line 1	0.
(4) % Total. Enter here and on Part II, line 1	0.
(4) % Total. Enter here and on Part II, line 1	0.
(4) % Total. Enter here and on Part II, line 1	0.

223732 01-16-23

Schedule A (Form 990-T) 2022

2

130 62.0990 2022.05090 THE JEWISH FEDERATION OF 06157621

THE JEWISH FEDERATION OF GREATER WASHING

FORM 990-T (A)

PART V - OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
ACCOUNTING AND AUDITING		106,312.		
BANK AND CREDIT CARD FEES		3,010.		
DEPRECIATION AND AMORTIZATION		579,899.		
DUES AND SUBSCRIPTIONS		3,473.		
EVENTS AND MEETINGS		81.		
INSURANCE PREMIUM		19,964.		
INTEREST EXPENSE		307,316.		
OFFICE EXPENSE		232,347.		
POSTAGE AND PRINTING		576.		
PROFESSIONAL DEVELOPMENT AND				
OTHER BENEFITS		105.		
PROFESSIONAL FEES		213,785.		
SECURITY SERVICES		35,048.		
TAXES		141,847.		
UTILITIES		515,166.		
- SUBTOTAL -	1	2,158,929.	1.00	2,158,929.
TOTAL OF FORM 990-T, SCHEDULE	A, PART V,	LINE 3(B)		2,158,929.

FORM 4797	PRO	PERTY HELD	MORE THAN	N ONE YEAR	ST	ATEMENT 6
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
LEXINGTON CAPITAL PARTNERS VI-A, LP PRIVATE ADVISORS						292.
SMALL COMPANY PRIVATE E						202.
PRIVATE ADVISORS SMALL COMPANY TIFF PRIVATE						123,024.
EQUITY PARTNERS 2006, LLC TIFF PRIVATE						109.
EQUITY PARTNERS 2007, LLC TIFF PRIVATE						-994.
EQUITY PARTNERS 2008, LLC WALTON STREET						199.
REAL ESTATE FUND VI, LP						-15.
TOTAL TO 4797, PA	RT I, LINE	2 =				122,817.

STATEMENT(S) 5, 6

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Department of the Treasury Internal Revenue Service

Name

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Yes X No

Employer identification number

53-0212445

THE	JEWISH	FEDERATION	OF	GREATER
WASE	INGTON	INC.		

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.	

Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year o	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column (49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)			6	()
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in columr	1 h		7	
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Than	One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					<u>1,498.</u> 122,817.
				11	122,817.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
				14	
15 Net long-term capital gain or (loss). Combine		nh		15	124,315.
Part III Summary of Parts I and	1 II				
16 Enter excess of net short-term capital gain (li	ne 7) over net long-term capita	al loss (line 15)		16	
17 Net capital gain. Enter excess of net long-tern				17	124,315.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the ap	plicable line on other returns		18	124,315.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital Losses in the instructions.

Schedule D (Form 1120) 2022

06157621

221051 12-16-22

Form 8949 (2022)				Attachm	nent Seque	nce No. 12A	Page 2
Name(s) shown on return. Name and THE JEWISH FED						Social secur	ity number or ntification no.
WASHINGTON, IN		01121111					212445
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ow, see whether y ation as Form 109	ou received any 99-B. Either will s	Form(s) 1099-B c show whether you	or substitute statem Ir basis (usually you	ent(s) from r cost) was		
Part II Long-Term. Transaction see page 1.		al assets you held n	nore than 1 year are	generally long-term (s	ee instructio	ns). For short-term t	ransactions,
Note: You may aggregate all codes are required. Enter the	long-term transact	ions reported on Fe	orm(s) 1099-B show	ing basis was reported to report these trans	d to the IRS a	and for which no adj orm 8949 (see instru	ustments or ctions)
You must check Box D, E, or F below. O If you have more long-term transactions than will	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate l	Form 8949, page 2, for e	
(D) Long-term transactions rep							
(E) Long-term transactions rep	•	,	0			/	
X (F) Long-term transactions not	reported to you	on Form 1099-B		-			
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If yo in column (column (f).	t, if any, to gain or u enter an amount (g), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(1010., day, yr.)		see <i>Column (e)</i> in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
LEXINGTON CAPITAL PARTNERS VI-A, LP							<639.>
TIFF PRIVATE							
EQUITY PARTNERS							
2007, LLC							<7.>
TIFF PRIVATE							
EQUITY PARTNERS 2008, LLC							2,144.
							2,144.
				1			<u> </u>
2 Totals. Add the amounts in colur negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo		-					
above is checked), or line 10 (if E		•					1,498.
Note: If you checked Box D above b adjustment in column (g) to correct t							
223012 10-24-22							orm 8949 (2022)
60515 147227 061576	52-061576	2.0990	133 2022.0509	0 THE JEW	ISH FE	DERATION	OF 0615762

13160515 14	7227 061576	52-0615762.0990
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Underpayment of Estimated Tax by Corporations Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123 2022

Department of the Treasury Internal Revenue Service

WASHINGTON, INC.

Name

Form 2220

Go to www.irs.gov/Form2220 for instructions and the latest information. THE JEWISH FEDERATION OF GREATER Employer identification number

53-0212445

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	114,489.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	22		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term			
contracts or section 167(g) for depreciation under the income forecast method	<u>2</u> b		
c Credit for federal tax paid on fuels (see instructions)	20		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. does not owe the penalty		3	114,489.
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution:	: If the tax is zero		
or the tax year was for less than 12 months, skip this line and enter the amount from line 3 o	on line 5	4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required	d to skip line 4,		
enter the amount from line 3		5	114,489.
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are d	checked, the corporation must file Fe	orm 2220	
even if it does not owe a penalty. See instructions.			

6 🗌 TI	ne corporation	is using	the adjusted	seasonal	installment	method.
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The corporation is using the annualized income installment method.

The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)			
9	Installment due dates. Enter in columns (a) through (d) the								
	15th day of the 4th (Form 990-PF filers: Use 5th month),								
	6th, 9th, and 12th months of the corporation's tax year	9	10/15/22	12/15/22	03/15/23	06/15/23			
10	Required installments. If the box on line 6 and/or line 7								
	above is checked, enter the amounts from Sch A, line 38. If								
	the box on line 8 (but not 6 or 7) is checked, see instructions								
	for the amounts to enter. If none of these boxes are checked,								
	enter 25% (0.25) of line 5 above in each column	10	28,622.	28,623.	28,622.	28,622.			
11	Estimated tax paid or credited for each period. For								
	column (a) only, enter the amount from line 11 on line 15.								
	See instructions	11	54,993.			50,000.			
	Complete lines 12 through 18 of one column								
	before going to the next column.								
12	Enter amount, if any, from line 18 of the preceding column	12		26,371.					
13	Add lines 11 and 12	13		26,371.		50,000.			
14	Add amounts on lines 16 and 17 of the preceding column	14			2,252.	30,874.			
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	54,993.	26,371.	0.	19,126.			
16	If the amount on line 15 is zero, subtract line 13 from line								
	14. Otherwise, enter -0-	16		0.	2,252.				
17									
	subtract line 15 from line 10. Then go to line 12 of the next								
	column. Otherwise, go to line 18	17		2,252.	28,622.	9,496.			
18	Overpayment. If line 10 is less than line 15, subtract line 10								
	from line 15. Then go to line 12 of the next column	18	26,371.						
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV		ere are no entries on lin	e 17 - no penalty is owed	i.				

For Paperwork Reduction Act Notice, see separate instructions. LHA

Form 2220 (2022)

06157621

212801 01-24-23

2022.05090 THE JEWISH FEDERATION OF

FORM 990-T Form 2220 (2022)

THE JEWISH FEDERATION OF GREATER WASHINGTON, INC.

Part IV Figuring the Penalty

			(a)	(b)	(C)			(d)
9	Enter the date of payment or the 15th day of the 4th month							
	after the close of the tax year, whichever is earlier.							
	(C corporations with tax years ending June 30 and S corporations; Use 3rd month instead of 4th month.							
	Form 990-PF and Form 990-T filers: Use 5th month							
	instead of 4th month.) See instructions	19						
)	Number of days from due date of installment on line 9 to the							
	date shown on line 19	20						
1	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21						
-	······							
,	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$		\$	
-	365		Ψ	Ψ	Ψ		Ψ	
		23						
)	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23						
	Lindernovment on line 17 v Number of Jove on line 02 v 50/ (0.05)		¢	\$	<u></u>		\$	
1	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	φ	ъ 	\$		Ф	
_		0.5						
D	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25						
_			•	^	*			
6	Underpayment on line 17 x Number of days on line 25 x 6% (0.06)	26	\$	\$	\$		\$	
_			0.00					
7	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE	ATTACHED W	DRKSHEET			
8	Underpayment on line 17 x Number of days on line 27 x 7% (0.07)	28	\$	\$	\$		\$	
	000							
9	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29						
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$	
	305							
1	Number of days on line 20 after 6/30/2023 and before 10/1/2023 $\hfill \ldots$	31						
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$	
	365							
3	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33						
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$	
	365							
5	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35						
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$	
	366		Ψ	Ψ	Ψ		Ψ	
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$	
			Ι Ψ	Ι Ψ	Ι Ψ	Т	Ψ	
2	Penalty. Add columns (a) through (d) of line 37. Enter the to	ital ba	ere and on Form 1100 lin	e 34. or the comparable				
,	line for other income tax returns			o or, or the comparable		38	¢	666
	ווויה וטו טנוופו וווהטווופ נמא ופנעוווס	<u></u>		first month in the preced		1 30	ψ	000

information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2022)

212802 01-24-23

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

ASHINGTON,	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
0/15/22	28,622.	28,622.			
.0/15/22	-54,993.	-26,371.			
2/15/22	28,623.	2,252.	16	.000164384	(
2/31/22	0.	2,252.	74	.000191781	32
3/15/23	28,622.	30,874.	78	.000191781	462
06/01/23	-50,000.	-19,126.			
06/15/23	28,622.	9,496.	91	.000191781	16
9/14/23	-50,000.	-40,504.			
9/30/23	0.	-40,504.	46	.000219178	

* Date of estimated tax payment, withholding credit date or installment due date.

212511 04-01-22

2022.05090 THE JEWISH FEDERATION OF 06157621

Form 47	'97
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Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

OMB No	1545-0184
21	122

Attachment Sequence No. 27

Identifying number

Department of the Treasury	
Internal Revenue Service	

Internal Revenue Service	Go	to w	ww.irs.gov/Form4797 for instructions and the latest information.
Name(s) shown on return	ı		
THE JEWISH	FEDERATION	OF	GREATER
WASHINGTON,	INC.		

THE JEWISH FEDERATION OF GREATER		, .
VASHINGTON, INC.		53-0212445
1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S		
(or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of		[

1b

1c

18b

Form 4797 (2022)

b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial disp MACRS assets

c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Part I Thon quality or Thaft Most Droparty Hold Mora Than 1 Va

	man casualty of men	<u>i most i tope</u>			(see instruction	15)			
2 SI	(a) Description of property SE STATEMENT 7	(a) Description (b) Date acquired (c) Date sold (d) Gross sales allowed or basis, price of property (mo., day, yr.) (mo., day, yr.) price allowable since improveme				(f) Cost or o basis, plus improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)	
3	Gain, if any, from Form 4684, line 39						3		
4	Section 1231 gain from installment s	ales from Form 6	252 line 26 or 3	7			4		
5	Section 1231 gain or (loss) from like-						5		
6							6		
	Gain, if any, from line 32, from other Combine lines 2 through 6. Enter the						7	122,817.	
7	•	• • •	•				-	122,017.	
	Partnerships and S corporations. I line 10, or Form 1120-S, Schedule K	1 0	· , 0		r Form 1065, Sche	eaule K,			
		•							
	Individuals, partners, S corporation				,				
	from line 7 on line 11 below and skip 1231 losses, or they were recaptured		•						
	the Schedule D filed with your return				ig-term capital gai				
			0, 11, and 12 b	510 W.					
8	Nonrecaptured net section 1231 loss	ses from prior yea	ars. See instructi	ons			8		
9	Subtract line 8 from line 7. If zero or	less, enter -0 If li	ine 9 is zero, ent	er the gain from lin	e 7 on line 12 belo	ow. If			
	line 9 is more than zero, enter the an	nount from line 8	on line 12 below	and enter the gair	n from line 9 as a lo	ong-term			
	capital gain on the Schedule D filed	with your return.	See instructions				9	122,817.	
Pa	Irt II Ordinary Gains and	Losses (see in	structions)						
			31100113/						
10	Ordinary gains and losses not inclue	ded on lines 11 th	nrough 16 (includ	de property held 1	year or less):				
11	Loss, if any, from line 7						11	(
12	Gain, if any, from line 7 or amount from						12		
13							13		
	Gain, if any, from line 31								
14	Net gain or (loss) from Form 4684, lir		<u>14</u> 15						
15 Ordinary gain from installment sales from Form 6252, line 25 or 36									
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824									
17							17		
18	For all except individual returns, ente			appropriate line of	your return and sl	kip lines			
	a and b below. For individual returns								
а	If the loss on line 11 includes a loss	from Form 4684,	line 35, column ((b)(ii), enter that pa	rt of the loss here.	Enter the			
	loss from income-producing property	/ on Schedule A (Form 1040), line	16. (Do not includ	e any loss on prop	erty used			
	as an employee.) Identify as from "Fo	orm 4797, line 18	a." See instructio	ons			18a		

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

LHA For Paperwork Reduction Act Notice, see separate instructions.

218011 12-12-22

Form 4797 (2022) WASHINGTON, INC.

13160515 147227 0615762-0615762.0990

53-0212445

These columns relate to the properties on				(mo., day, yr.)	(mo., day, yr.)
These columns relate to the properties on					
lines 19A through 19D.		Property A	Property B	Property C	Property D
Gross sales price (Note: See line 1a before completing.)	20				
Cost or other basis plus expense of sale	21				
Depreciation (or depletion) allowed or allowable	22				
Adjusted basis. Subtract line 22 from line 21	23				
Total gain. Subtract line 23 from line 20	24				
If section 1245 property:					
Depreciation allowed or allowable from line 22	25a				
D Enter the smaller of line 24 or 25a	25b				
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975. See instructions \dots	26a				
Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b				
Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
Additional depreciation after 1969 and before 1976	26d				
Enter the smaller of line 26c or 26d	26e				
Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses	27a				
Line 27a multiplied by applicable percentage	27b				
Enter the smaller of line 24 or 27b	27c				
If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
Enter the smaller of line 24 or 28a	28b				
If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a				
Enter the smaller of line 24 or 29a. See instructions	29b				

30	Total gains for all properties. Add property columns A through D, line 24	30				
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31				
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion					
	from other than casualty or theft on Form 4797, line 6	32				
Pa	Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less					
	(see instructions)					

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
218012 12-12-22				Form 4797 (2022)

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Form **4797** (2022)

2022.05090 THE JEWISH FEDERATION OF 06157621

Page	2

FORM 4797	PRO	PERTY HELD	MORE THAN	N ONE YEAR	ST	ATEMENT 7
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
LEXINGTON CAPITAL PARTNERS VI-A, LP PRIVATE ADVISORS SMALL COMPANY						292.
PRIVATE E						202.
PRIVATE ADVISORS SMALL COMPANY TIFF PRIVATE						123,024.
EQUITY PARTNERS 2006, LLC TIFF PRIVATE						109.
EQUITY PARTNERS 2007, LLC TIFF PRIVATE EQUITY PARTNERS						-994.
2008, LLC WALTON STREET						199.
REAL ESTATE FUND VI, LP						-15.
TOTAL TO 4797, PAI	RT I, LINE	2 –				122,817.