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OMB No 1545-0047

DLN: 93493014006395

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

				90 and its instructions is at <u>www.l</u>				
			endar year, or tax year beginni C Name of organization	ng 07-01-2013 , 2013, and ending	j 06-30-201 ₄		ver identification number	
	ck if app ress cha	plicable anne	COLUMBUS JEWISH FOUNDATION					
_	ne chan	-	Doing Business As			31-13	84//2	
_	al returr	-	North and about the D.O. have f					
_	minated		1175 COLLEGE AVENUE	mail is not delivered to street address) Ro	om/suite	E Telepho	ne number	
	ended re		City or town, state or province, co	untry, and ZIP or foreign postal code		(614)	338-2365	
		pending	COLUMBUS, OH 43209	,,		G Gross re	ceipts \$ 97,132,344	
			F Name and address of pr	ıncıpal officer	H(a) Is this a group		
			JACKIE JACOBS 1175 COLLEGE AVENUE		''(-	subordinates?	⊤Yes √ No	
			COLUMBUS, OH 43209		нсь) Are all subordir	nates	
						ıncluded?		
I Tax	k-exemp	pt status	▼ 501(c)(3)	(insert no) 4947(a)(1) or 527		If "No," attach	a list (see instructions)	
J W	ebsite:	. ► WW	/W COLUMBUSJEWISHFOUND	PATION ORG	H(c) Group exempti	on number ►	
K Forn	n of orga	anızatıon	Corporation Trust Associat	ion Other 🕨	L	/ear of formation 195	M State of legal domicile Of	
Pa	rt I	Sum	mary		•		•	
Governance	<u>E</u>	MERGE	ENCIES FACING THE JEWISH	TS ARE PROVIDED FOR INNOVA WORLD, AND SECURING COMMI	UNITY RES	OURCES FOR GE	NERATIONS TO COME	
	3 N	lumher	of voting members of the gover	ning body (Part VI, line 1a)			3 36	
Activities &				s of the governing body (Part VI, lir			4 36	
CŢĮ.	5 T	otal nu	mber of individuals employed ir	n calendar year 2013 (Part V , line :	2a)		5 9	
₫	6 T	otal nu	mber of volunteers (estimate if	necessary)			6 100	
				Part VIII, column (C), line 12 .			7a -2,163	
	ЬN	let unre	lated business taxable income	from Form 990-T, line 34	· · ·		7b -2,163	
	8	Contri	hutions and grants (Part VIII	line 1 h)	-	Prior Year 5,679,2	Current Year 42 7,638,458	
횰	9			line 2g)		3,0,7,2	0 0	
Revenue	10	_		nn (A), lines 3, 4, and 7d)		3,347,2	58 3,123,201	
ď	11), lines 5, 6d, 8c, 9c, 10c, and 11e	· —	252,9	30 651	
	12			1 (must equal Part VIII, column (A		9,279,4	30 10,762,310	
	13			tIX, column (A), lines 1-3) .		6,372,6		
	14	Benefi	ts paid to or for members (Part	IX, column (A), line 4)			0 0	
g)	15	Saları		yee benefits (Part IX, column (A), I	ines	724,9	73 655,730	
Expenses	16a	•	, sional fundraising fees (Part IX	, = .,,	0 0			
X	ь		ndraising expenses (Part IX, column (
ш	17			, lines 11a-11d, 11f-24e)	- .	294,762 228		
	18	Total	expenses Add lines 13–17 (m	ust equal Part IX, column (A), line	25)	7,392,3	40 7,793,802	
	19	Reven	ue less expenses Subtract line	e 18 from line 12		1,887,0		
90 Q					B	eginning of Curren Year	t End of Year	
Not Assets or Fund Balances	20	Total	assets (Part X, line 16)		🗀	102,626,6	68 114,931,673	
A B	21	Totall	liabilities (Part X, line 26) .		🗆	18,019,6	79 22,198,562	
	22			t line 21 from line 20		84,606,9	89 92,733,111	
Unde my kr	rer has	ties of ge and s any ki	belief, it is true, correct, and co nowledge ** ature of officer	xamined this return, including acco implete Declaration of preparer (ot				
	_		RA FITZPATRICK CFO or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
							P00052725	
		F	ACHARY FORTSCH irm's name MCGLADREY LLP			self-employed Firm's EIN ► 42	P00052725 -0714325	
	l pareı Only	r	ACHARY FORTSCH	LIE EACT CLITTE 200		self-employed	-0714325	

CLEVELAND, OH 441141152 May the IRS discuss this return with the preparer shown above? (see instructions)

┌ Yes ┌ No

1 01111	JJ0 (201	<i>3</i> ,				raye 2
Par		atement of Program S eck if Schedule O contains a			III	্ন
1	Briefly de	scribe the organization's mi	ssion			
CON FOUI GRAI	TINUITY (NDATION NTS ARE P	OF JEWISH LIFE AND TO M DEVELOPS AND MANAGE:	EET CHANGING NI S ENDOWMENTS, P VE PROGRAMS, CO	EEDS LOCALLY, IN I LANNED GIVING, A MMUNITY DEVELO	RESOURCES TO FULFILL ITS SRAEL AND IN OUR WORLDV ND DONOR-ADVISED PHILA PMENT, EMERGENCIES FACI	VIDE COMMUNITY THE NTHROPIC FUNDS OUR
2	the prior f	ganızatıon undertake any sı Form 990 or 990-EZ?				
		describe these new services				
3	services?	ganization cease conducting			onducts, any program	
4	Describe expenses		ervice accomplishm .(c)(4) organizations	are required to repor	nree largest program services, t the amount of grants and allo	
4a	(Code THE FOUN INNOVATIN TO COME) (Expenses \$ DATION DEVELOPS AND MANAGES /E PROGRAMS, COMMUNITY DEVEI	ENDOWMENTS, PLANNED	D GIVING, AND DONOR-AD	6,909,651) (Revenue \$ VISED PHILANTHROPIC FUNDS OUR G RLD, AND SECURING COMMUNITY RE	125,864) GRANTS ARE PROVIDED FOR SOURCES FOR GENERATIONS
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other pr (Expens	ogram services (Describe ir es \$	Schedule O) including grants of	f\$) (Revenue \$)
4e	Total pro	ogram service expenses 🕨	6,949,728			

Part IV Checklist of Required Schedules

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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 Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part		1	
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

GI I	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	.) No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 53		1.05	1.10
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
3	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	<u>'</u>		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
	If "Yes," enter the name of the foreign country •CJ			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	-		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c	Yes	
	If "Yes," indicate the number of Forms 8282 filed during the year 7d 1			
	D.d.b			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N o
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		No
	Sponsoring organizations maintaining donor advised funds.	_		_
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter			
	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
ı	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? <i>If "No " provide an explanation in Schedule</i> 0	14h		

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

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
_	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		No
L	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	7b		
	or persons other than the governing body?	76		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
		$\overline{}$		
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	Yes	No
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b		No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b	Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

Form 990	(2013)	
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г	a	ч	_	•

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

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

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an d r/tru	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d n is	ne l both	box, an c	heck unless officer stee)	6	Repor comper from organiza	table isation the tion (W-	(E) Reportable compensation from related organizations (W	- '	(F) Estima mount of compens from t	ted f other atıon he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
1b c	Sub-Total		· · · ection /	٠.	•		_	•						
d	Total (add lines 1b and 1c) .							Þ		311,314		0		76,115
2	Total number of individuals (in \$100,000 of reportable comp						d abov	e) w	ho receive	d more th	an			
													Yes	No
3	Did the organization list any f						emplo	yee	, or highes	t compen	sated employee			
	on line 1a? <i>If "Yes," complete S</i> For any individual listed on lin							•				3		No_
4	organization and related organ													
5	Did any person listed on line 1	· · · · · · · · · · · · · · · · · · ·	rue coi	npen	• satı	• on fr	om an	• y uni	· · related org	anızatıon	or individual for	4	Yes	
	services rendered to the organ			-				•	_			5		No
Se	ection B. Independent Co	ontractors												
1	Complete this table for your fire compensation from the organization												tax vear	
		(A) Name and business						, -			(B) cription of services		(C Comper	
												+	- F	
												\Rightarrow		
	Total number of independent co \$100,000 of compensation fror			not	lımıt	ed to	thos	e list	ted above)	who rece	ived more than			

unts unts	1a b
ts, Gra r Amo	c
ns, Gif imilar	e
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f g
Contr and C	h
venue	2a
า Service Revenue	С
anı Ser	d e
Progr	2a b c d e f g
	3
	4 5
	6a b
	c d
	- 7a
	b
	c
Ð	d 8a
evenue	
ther R	b
0	c 9a
	b
	с 10а
	b
	11a
	b
	d d
	e 12

/ ###	Statement o	f Revenue ule O contains a respor	ise or note to any lir	ne in this Part VIII			
	Check if Schedi	are O Contains a respo	ise of flote to any fi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns 1a					
ь	Membership du	es 1b					
_c	Fundraising eve	ents 1c					
d		rations 1d					
e	Government grants	s (contributions) 1e					
f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	7,638,458				
g	Noncash contribution 1a-1f \$	ons included in lines	5,499,728				
h	Total. Add lines	s 1a-1f	· · · •	7,638,458			
			Business Code				
2a							
b							
С							
d							
e							
f	All other progra	m service revenue					
g	Total. Add lines	s 2a – 2f					
3		ome (including dividen					
	and other simila	aramounts)	🟲 📗	2,830,294			2,830,294
4		tment of tax-exempt bond	` · ·				
5	Royalties						
	C	(ı) Real 48,255	(11) Personal				
b b	Gross rents Less rental	159,065					
	expenses	·					
С	Rental income or (loss)	-110,810					
d	Net rental inco	me or (loss)		-110,810			-110,810
		(ı) Securities	(II) Other				
7a	Gross amount from sales of assets other than inventory	85,606,912	896,964				
ь	Less cost or other basis and	84,471,688	1,739,281				
c	sales expenses Gain or (loss)	1,135,224	-842,317				
d	Net gain or (los	s)		292,907			292,907
8a	Gross income f events (not inc						
	\$ of contributions See Part IV , lin	reported on line 1c)					
١.		a					
b c		penses b (loss) from fundraising	events				
	Gross income f	rom gaming activities	events p-				
	See Part IV, lin	a					
Ь		penses b					
С.		(loss) from gamıng actı	vities -				
10a	Gross sales of returns and allo						
Ь	less costofa	oods sold b					
	=	(loss) from sales of inv	entory 🛌				
	Miscellaneous		Business Code				
11a	RECORD KEEP	ING FEES	900099	125,864	125,864		
ь	PASSIVE ACT		900004	-14,403		-2,163	-12,240
c							
d	All other reven	ue					
e	Total. Add lines		🕨				
12		See Instructions .	_ <u>_</u>	111,461			
	rocar revenue.	oce monuchons .	• • • • 🟲	10,762,310	125,864	-2,163	3,000,151

Part IX Statement of Functional Expenses

action E01/c1/21 and E01/c1/4	\ organizations must complete all columns	s All other organizations must complete column (A	١.
section 501(c)(3) and 501(c)(4	Jorganizations must complete all columns	s An other organizations must complete column (A	

3600	Check if Schedule O contains a response or note to any line in this				
	ot include amounts reported on lines 6b, b, 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 governments and organizations in the United States See Part IV, line 21	6,909,651	6,909,651		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	311,314		252,605	58,709
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	214,415		190,215	24,200
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	16,097		2,505	13,592
9	Other employee benefits	63,124		56,755	6,369
10	Payroll taxes	50,780		45,243	5,537
11	Fees for services (non-employees)				
а	Management				
ь	Legal	11,949		11,949	
С	Accounting	20,000		20,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				_
f	Investment management fees				_
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,806		17,806	
12	Advertising and promotion	10,812		5,637	5,175
13	Office expenses	21,186		21,186	3,173
14	Information technology	32,662		32,662	
15	Royalties	32,002		32,002	
16	Occupancy	3,018		3,018	
17		3,018		3,016	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,823		7,823	
20	Interest	7,023		7,023	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,017		27,017	
23	Insurance	6,721		6,721	_
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	5,,21		3,,21	
а	LIFE INSURANCE	40,077	40,077		
b	EQUIPMENT RENTAL/MAINT	9,950		9,950	
c	BUILDING SERVICES & MAI	8,706		8,706	
d	RECEPTION	6,955		6,955	
e	All other expenses	3,739		3,739	
25	Total functional expenses. Add lines 1 through 24e	7,793,802	6,949,728	730,492	113,582
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
_					rm 990 (2013)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	105,803	1	577,400
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,151,613	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		-	
its	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
Assets	7	Notes and loans receivable, net	492,908	7	495,749
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 4,288,	918		
	ь	Less accumulated depreciation 10b 775,	616 3,644,462	10c	3,513,302
	11	Investments—publicly traded securities	88,410,866	11	103,297,633
	12	Investments—other securities See Part IV, line 11	3,234,362	12	2,273,550
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	5,586,654	15	4,774,039
	16	Total assets. Add lines 1 through 15 (must equal line 34)	102,626,668	16	114,931,673
	17	Accounts payable and accrued expenses	153,924	17	158,508
	18	Grants payable	250,695	18	223,020
	19	Deferred revenue	,	19	,
	20	Tax-exempt bond liabilities		20	
_	21	Escrow or custodial account liability Complete Part IV of Schedule D	17.615.060	21	21,817,034
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,0.3,033		2,,0,000.
Liabilit		persons Complete Part II of Schedule L		22	
∄	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	10.5.5.5	25	
	26	Total liabilities. Add lines 17 through 25	18,019,679	26	22,198,562
on do		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
₹	27	Unrestricted net assets		27	
Fund Balance	27 28			28	
<u>~</u>		Temporarily restricted net assets			
Ĭ	29	Permanently restricted net assets		29	<u> </u>
or FL		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34.			Ti
	30	Capital stock or trust principal, or current funds	0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds	84,606,989	32	92,733,111
Ŋĕţ	33	Total net assets or fund balances	84,606,989	33	92,733,111
_	34	Total liabilities and net assets/fund balances	102,626,668	34	114,931,673

Par	t XI	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		10.	762,310
2	Total	expenses (must equal Part IX, column (A), line 25)				-
3	Revei	nue less expenses Subtract line 2 from line 1	2			793,802
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			968,508
5	Net u	nrealized gains (losses) on investments	5			506,989
6	Dona	ted services and use of facilities	6		4,0	313,553
7	Inves	tment expenses	7			
8	Prior	period adjustments	8			
9	Othe	changes in net assets or fund balances (explain in Schedule O)	9		;	344,061
10		ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, in (B))	10		92,	733,111
Par	t XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
					Yes	No
1	Ifthe	INCOME TAX unting method used to prepare the Form 990				
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		s,' check a box below to indicate whether the financial statements for the year were compiled or revie arate basis, consolidated basis, or both	wed or	۱ 📗		
	Γs	eparate basis				
b	Were	the organization's financial statements audited by an independent accountant?		2b	Yes	
		s,' check a box below to indicate whether the financial statements for the year were audited on a sepa , consolidated basis, or both	arate			
	▽ s	eparate basis				
C		es," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	ht of th	1e 2c	Yes	
		organization changed either its oversight process or selection process during the tax year, explain i dule O	n			
За		result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	ie	3a		No
b		es," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: **Software Version:**

EIN: 31-1384772

Name: COLUMBUS JEWISH FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Cor	Direct otracto	ors, ers	Tru	ste	es, k	(ey	Employees, Higl	nest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (nan o n is b	ne booth a	ox, u an of trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		-,,	related organizations
BRADLEY KASTAN	2 00	х		х				0	0	0
PAST PRESIDENT STEVEN SCHOTTENSTEIN	2 00	×		×				0	0	0
PRESIDENT HARLAN ROBINS	2 00							0	0	
TREASURER		Х		Х				0	0	0
DENISE GLIMCHER VICE PRESIDENT	2 00	×		х				0	0	0
NEVADA SMITH	2 00	х		х				0	0	0
SECRETARY MICHAEL SCHLONSKY	2 00	x		x				0	0	0
ASSISTANT SECRETARY WILLIAM BYERS	2 00									
ASSISTANT TREASURER LARRY PLISKIN	2 00	X		X				0	0	0
BOARD MEMBER		Х						0	0	0
MICHAEL CANTER BOARD MEMBER	2 00	×						0	0	О
DONALD FEINSTEIN	2 00	х						0	0	0
BOARD MEMBER HERBERT GLIMCHER	2 00	х						0	0	0
BOARD MEMBER ANDREW GROSSMAN BOARD MEMBER	2 00	х						0	0	0
SHELLY IGDALOFF	2 00	х						0	0	0
BABETTE FEIBEL	2 00	X						0	0	0
BOARD MEMBER JEFF KAPLAN	2 00									
BOARD MEMBER BRETT KAUFMAN	2 00	X						0	0	0
BOARD MEMBER	2 00	х						0	0	0
ROBERT KEIDAN BOARD MEMBER	2 00	×						0	0	0
HARLAN LOUIS	2 00	х						0	0	0
DR JAMIE KELLER ALLEN	2 00	×						0	0	0
BOARD MEMBER DR MIRIAM PORTMAN	2 00									
BOARD MEMBER JIM WINNEGRAD	2 00	X						0	0	0
BOARD MEMBER	2 00	Х						0	0	0
BERNARD YENKIN BOARD MEMBER	2 00	x						0	0	0
KAREN BOKOR	2 00	х						0	0	0
BOARD MEMBER SUZANNE ECKER	2 00	х						0	0	0
BOARD MEMBER GERALDINE ELLMAN	2 00	X						0	0	0
BOARD MEMBER										

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	ion (d nan oi n is b	ne booth a	ox, u an of trus	nless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		-,,	related organizations
HEIDI LEVEY BOARD MEMBER	2 00	х						0	0	0
RANDY SOKOL	2 00	,,								
BOARD MEMBER		Х						0	0	0
JEFF MEYER	2 00	х		х				0	0	0
VICE PRESIDENT ELECT		^		^				Ů		0
RANDALL S ARNDT	2 00	×		х				0	0	0
VICE PRESIDENT		_ ^						Ů	Ů	
DR HILDA GLAZER BOARD MEMBER	2 00	×						0	0	0
STEVE HEISER	2 00	х						0	0	0
BOARD MEMBER		^						Ů	Ů	0
MARCIA HERSHFIELD	2 00	x						0	0	0
BOARD MEMBER										
IRA KANE	2 00	х						0	0	0
BOARD MEMBER INNA KINNEY	2 00									
BOARD MEMBER	2 00	х						0	0	0
RAY SILVERSTEIN	2 00									
BOARD MEMBER		Х						0	0	0
ARLENE WEISS	2 00	х						0	0	0
BOARD MEMBER		^						0	0	0
JACKIE JACOBS	40 00			х				171,919	0	55,477
EXECUTIVE DIRECTOR								.,.		,
TAMRA FITZPATRICK	40 00			х				139,395	0	20,638
<u>CFO</u>	J									

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As Filed Data -

DLN: 93493014006395

Employer identification number

OMB No 1545-0047

Public Charity Status and Public Support

2013

ZUIJ

Department of the Treasury Internal Revenue Service

Total

Name of the organization

SCHEDULE A

(Form 990 or 990EZ)

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

Open to Public Inspection

COLUM	BUS JE	:WISH FO	JNDATION						31-13847	772			
Par	tΙ	Reas	on for Pu	blic Charity Sta	tus (All or	ganızatıons	must com	plete this p			ions.		
				e foundation becaus									
1	Γ			on of churches, or a									
2	Г		-	in section 170(b)(1				•					
3	_			perative hospital se			•	on 170(b)(1)	(A)(iii).				
4	<u></u>	•		n organization opera	_					1)(A)(iii). Ente	r the	
-	'			ty, and state						. – / (/ (,		
5	Γ			erated for the benefi	t of a college	or universit	y owned or o	perated by a	governmen	tal unıt	describe	ed in	
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)								
6	Г			local government or		tal unit desci	rıbed ın sect	ion 170(b)(1	.)(A)(v).				
7	·			at normally receives	_					rom the	aeneral	public	
	•			n 170(b)(1)(A)(vi).				y			J		
8	Г	A comr	munity trust	described in section	n 170(b)(1)(A)(vi) (Com	iplete Part I	I)					
9	Γ	An orga	anızatıon tha	at normally receives	(1) more th	nan 331/3% o	fıts support	from contrib	utions, mem	bership	fees, an	nd gros	SS
		receipt	s from actıv	ities related to its e	xempt functi	ons—subject	to certain e	exceptions, a	nd (2) no mo	re than	3 3 1/3%	of	
		ıts sup	port from gr	oss investment inco	me and unre	lated busine:	ss taxable ır	ncome (less	section 511	tax) fro	m busin	esses	
		acquire	d by the org	janization after June	30,1975 9	ee section 5	09(a)(2). (C	omplete Par	tIII)				
10	Γ	An orga	anızatıon org	ganized and operated	d exclusively	to test for p	ublic safety	See section	509(a)(4).				
11	Г	An orga	anızatıon ord	ganized and operated	d exclusively	for the bene	efit of, to per	form the fund	tions of, or t	o carry	out the	purpos	ses of
		one or	more publici	y supported organiz	ations descr	ıbed ın secti	on 509(a)(1) or section	509(a)(2) S				
				bes the type of supp						_			
	_			b							-	_	
е	ļ			ox, I certify that the									
			nan roundati n 509(a)(2)	on managers and ot	ner than one	or more pub	licly support	ed organizat	ions describ	eainse	ection 50)9(a)(1) or
f				received a written d	etermination	from the IRS	5 that it is a	Type I. Type	e II. or Type	III sur	portina	organı	zation.
			this box					,, , ,,	, ,,			-	广
g				2006, has the organ	ızatıon acce _l	oted any gift	or contribut	ion from any	of the				
			ig persons?										
				rectly or indirectly of	•		-	persons des	scribed iii (ii)	,	11~(;)	Yes	No
		•	•	governing body of th		5	,				11g(i)		
		` '	•	er of a person descr	` ,		h				11g(ii)		
				lled entity of a perso							11g(iii)		<u> </u>
h		Provide	the following	ng information about	the support	ed organizati	on(s)						
(i`) Nam	e of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	u notify	(vi) Is	the	(1	/ii) An	nount of
	uppor			organization	organizat		the organi	,	organizat			mone	
org	ganiza	ation		(described on	col (i) lıs		ın col (i) d	•	col (i) org			sup	port
				lines 1 - 9 above	your gove	_	suppo	rt?	ın the U	S?			
				or IRC section	docume	nt?							
				(see instructions))		T							
			ı		V	I NI-	l w	I NI-	I 3/	I NI.			

Yes

No

Yes

No

Yes

No

Page 2

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning (a) 2000 (b) 2010 (c) 2011 (d) 2012 (d) 2013 (d) 2013 (d) 2013

	ection A. Public Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the	5,925,102	2 4,926,643	4,042,729	5,679,242	7,638,458	28,212,174
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit						
4	Total. Add lines 1 through 3 The portion of total contributions	5,925,102	4,926,643	4,042,729	5,679,242	7,638,458	28,212,174
5	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the						4,318,982
_	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						23,893,192
S	ection B. Total Support	1	<u> </u>		I		
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	5,925,102	4,926,643	4,042,729	5,679,242	7,638,458	28,212,174
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,225,471	2,423,949	2,095,174	2,054,407	2,878,549	11,677,550
9	Net income from unrelated business activities, whether or not the business is regularly carried on				122,502		122,502
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	35,548	404,226	152,433	142,810	125,864	860,881
11	Total support (Add lines 7 through 10)						40,873,107
12	Gross receipts from related activiti					12	
13	First five years. If the Form 990 is						
	this box and stop here			<u> </u>			· · · · · · · · · · · · · · · · · · ·
14	Public support percentage for 2013			11, column (f))		14	58 460 %
15	Public support percentage for 2012	Schedule A, Par	t II, line 14			15	69 590 %
16a	33 1/3% support test—2013. If the	organızatıon dıd r	not check the box	on line 13, and li	ne 14 ıs 33 1/3%	or more, check t	his box
b	and stop here. The organization qua 33 1/3% support test—2012. If the	•	·		and line 15 is 33	1/3% or more, ch	► ▽ neck this
17a	box and stop here. The organization 10%-facts-and-circumstances test -is 10% or more, and if the organization Part IV how the organization mee	–2013. If the orga tion meets the "fa	anızatıon dıd not c acts-and-cırcums	heck a box on lin tances" test, che	ck this box and s	top here. Explan	
b	organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	–2012. If the organization meets the	anızatıon dıd not c e "facts-and-cırcu	heck a box on lin imstances" test,	e 13, 16a, 16b, c check this box ar	or 17a, and line and stop here.	► □
18	Explain in Part IV how the organiza supported organization Private foundation. If the organizat				-	•	ely ▶□

instructions

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	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) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV		Iformation. Provide the explanations required by Part II, line 10; Part II, line 17a or line 12. Also complete this part for any additional information. (See instructions).								
		Facts And Circumstances Test								
Retu	ırn Reference	Explanation								
		Schodulo A / Form 0	000 er 000 E7) 201							

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493014006395

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) Open to Public

ema	I Revenue Service	and its instruc	tions is at <u>www.irs.gov/form990</u> .		Inspe	ction
	me of the organ			Emp	loyer identification num	ber
COI	LUMBUS JEWISH FO	UNDATION		21_1	1384772	
Pa	rt I Organ	nizations Maintaining Donor Ad	vised Funds or Other Similar Fu			ete ıf the
		zation answered "Yes" to Form 990				
			(a) Donor advised funds		(b) Funds and other acc	ounts
	Total number a	at end of year	648			
	Aggregate con	tributions to (during year)	5,734,309			
;	Aggregate gra	nts from (during year)	5,098,179			
ļ	Aggregate valu	ue at end of year	25,228,648			
;		zation inform all donors and donor advis organization's property, subject to the o	ors in writing that the assets held in dono rganization's exclusive legal control?	r advı	ised ✓ Yes	┌ No
5	used only for c	charitable purposes and not for the bene	donor advisors in writing that grant funds of the donor or donor advisor, or for any			□ No
		ermissible private benefit?	Etha avanningtion angulared "Mac" to	Го ию		
			f the organization answered "Yes" to	FOIII	n 990, Part IV, line 7.	
•	` ` ` `	conservation easements held by the org on of land for public use (e g , recreation		hietori	ıcally ımportant land are	2
		of natural habitat	Preservation of a ce			a
	•	on of open space	, , , , , , , , , , , , , , , , , , , ,		a motorio otractare	
	·			_		
	•	s 2a through 2d if the organization held he last day of the tax year	a qualified conservation contribution in th	e form	n of a conservation	
	casement on t	ine last day of the tax year	Γ		Held at the End of the	ne Year
а	Total number o	of conservation easements		2a	ricia at the End of the	ic rear
b	Total acreage	restricted by conservation easements	-	2b		
c	_	servation easements on a certified hist	oric structure included in (a)	2c		
d		servation easements included in (c) ac	` '			
u		ure listed in the National Register	quired dicer 0/1//00, and not on a	2d		
3	Number of con	servation easements modified, transfer	red, released, extinguished, or terminated	by th	ne organization during	
	the tax year ►	<u> </u>				
ļ	Number of stat	tes where property subject to conserva	tion easement is located 🕨			
;			the periodic monitoring, inspection, handl	— ling of	Eviolations and	
	enforcement o	f the conservation easements it holds?			☐ Yes	┌ No
•	Stan and volur	nteer nours devoted to monitoring, inspe	ecting, and enforcing conservation easeme	ents a	luring the year	
	P					
•	-	enses incurred in monitoring, inspectin	g, and enforcing conservation easements	during	g the year	
	► \$					
3	and section 17	70(h)(4)(B)(II)?	(d) above satisfy the requirements of sect		☐ Yes	┌ No
)	balance sheet		nservation easements in its revenue and ne footnote to the organization's financial s			
aТ			ns of Art, Historical Treasures, o	r Otl	her Similar Assets	
		ete if the organization answered "				
.a			116 (ASC 958), not to report in its revent	ue sta	tement and balance she	et
	service, provid	de, in Part XIII, the text of the footnote	ets held for public exhibition, education, o to its financial statements that describes	these	e items	blic
b	works of art, h		116 (ASC 958), to report in its revenue s ets held for public exhibition, education, o se items			blic
	(i) Revenues i	included in Form 990, Part VIII, line 1			► \$	
	(ii) Assets inc	luded in Form 990, Part X			► \$	
2	If the organiza	tion received or held works of art, histo	rical treasures, or other similar assets for 116 (ASC 958) relating to these items	finan		
а	_	uded in Form 990, Part VIII, line 1	· · · · · ·		▶ \$	
	Mevenues mich	auca in Form 550, Fait VIII, lille I			F 4	

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art,	His	<u>torical</u>	Treası	<u>ıres, or Ot</u>	ther:	<u>Similar As</u>	sets (c	ontınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ls, ch	eck any	of the fol	lowing that a	re a sı	gnıficant use	of its	
а	Public exhibition		d	┌ Loa	an or exc	hange progra	ams			
b	Scholarly research		e	┌ ot	her					
c	Preservation for future generations									
4	Provide a description of the organization's control XIII	ollections and explai	n hov	v they fur	ther the	organızatıon'	s exer	npt purpose	n	
5	During the year, did the organization solicit							ır	_	_
Do.	assets to be sold to raise funds rather than								Yes	│ No
Раг	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	res	to Form S	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other asse	ets no		┌ Yes	✓ No
b	If "Yes," explain the arrangement in Part XI	II and complete the f	follow	ving table						
								An	nount	
С	Beginning balance						1c			
d	Additions during the year					<u> </u> :	1d			
е	Distributions during the year					<u></u>	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						✓ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expla	anation h	as been į	provided in P	art XI	II		⊽
Pa	rt V Endowment Funds. Complete		ans	wered "						
		(a)Current year	(b)	Prior year		wo years back	(d) Thr			rears back
1a	Beginning of year balance	48,592,080		45,846,2	_	38,191,869		37,051,936		40,516,351
Ь	Contributions	2,326,608		1,674,8	22	9,583,553		1,072,483		1,491,338
С	Net investment earnings, gains, and losses	5,535,643		3,186,9	72	352,430		2,165,317		389,061
d	Grants or scholarships	2,030,703		2,115,9	19	2,281,647		2,097,867		862,128
e	Other expenditures for facilities and programs									4,482,686
f	Administrative expenses									
g	End of year balance	54,423,628		48,592,0	80	45,846,205		38,191,869		37,051,936
2	Provide the estimated percentage of the cur		e (lın	e 1g, col	umn (a))	held as				
а	Board designated or quasi-endowment 🕨	17 000 %								
b	Permanent endowment ► 79 000 %									
C	Temporarily restricted endowment ► 4 C The percentages in lines 2a, 2b, and 2c sho	000 % uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiza	tıon t	that are h	eld and	admınıstered	for th	e		
	organization by (i) unrelated organizations							2-4	Yes	+
	(ii) related organizations							3a(No No
ь	If "Yes" to 3a(II), are the related organization						٠	31		1
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·								
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		he oi	rganızat	ion ans	wered 'Yes'	to Fo	rm 990, Pa	rt IV, lı	ine
	Description of property	10.			t or other vestment)	(b)Cost or ot basis (other		(c) Accumulated depreciation	(d) B	ook value
	_and					373,	600			373,600
	Buildings					3,748,	_	617,68	39	3,130,598
	Leasehold improvements					3,7 40,		017,00		2,130,330
	Equipment					167,	031	157,92	27	9,104
	Other					107,		13,,32	-	3,101
	I. Add lines 1a through 1e (Column (d) must e		, colu	mn (B), lı	ne 10(c).)				3,513,302
	, , , , , , , , , , , , , , , , , , , ,	,	•	. ,,		•		Schedule [) (Form 9	

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	ion answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+	
Part IX Other Assets. Complete if the organization		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the organization of the organization of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
	1	4
	+	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	†
Total (Column (b) mast equal form 330, fart A, coll b) mic 23 /		

ADJUSTMENTS

ADJUSTMENTS

PART XII, LINE 2D - OTHER

344,061

Par		evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line :		its Witl	n Revenue	per R	Return Complete If
1		r support per audited financial statements				1	16,078,989
2	Amounts included on line 1 but	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investi	ments	2a		4,813,553		
b	Donated services and use of fa	icilities	2b			1	
C	Recoveries of prior year grants		2c			1	
d	Other (Describe in Part XIII)		2d		503,126		
е	Add lines 2a through 2d .					2e	5,316,679
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	10,762,310
4	Amounts included on Form 990	O, Part VIII, line 12, but not on line 1					
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII)		4b			1	
C						4c	0
5		4c. (This must equal Form 990, Part I, line				5	10,762,310
Part		xpenses per Audited Financial St swered 'Yes' to Form 990, Part IV, line		nts Wi	th Expense	s per	Return. Complete
1		audited financial statements				1	7,952,867
2		t not on Form 990, Part IX, line 25					<u> </u>
а		rcilities	2a				
b	Prior year adjustments		2b			1	
c	Other losses		2c			1	
d			2d		159,065	5	
e	Add lines 2a through 2d					2e	159,065
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	7,793,802
4	Amounts included on Form 990	D, Part IX, line 25, but not on line 1:					
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)		4b				
c	Add lines 4a and 4b					4c	0
5	-	nd 4c. (This must equal Form 990, Part I, lii	ne 18)			5	7,793,802
Par	Supplemental Inf	ormation					
Part		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and					de any additional
	Return Reference	Explanation					
PART	IV, LINE 2B	THE COLUMBUS JEWISH FOUNDATION AGENCIES	HOLD	SANDII	NVESTS CUS	TO DI A	L FUNDS FOR JEWISH
PART	V, LINE 4	THE COLUMBUS JEWISH FOUNDATION DEDICATED TO ACCUMULATING ENDUCONTINUITY OF JEWISH LIFE IN COLUFOR USE IN SUPPORTING SPECIAL, EN	JRING IMBUS IERGEN	ASSETS AND ELS ICY AND	TO SUPPORT SEWHERE EN FUTURE NE	THE: DOWE DS	STABILITY AND D RESOURCES ARE
PART	XI, LINE 2D - OTHER	RENTAL EXPENSES NETTED AGAINST	REVEN	UE 159,0	065 CSV CH	NGE	OF LIFE INSURANCE

RENTAL EXPENSES NETTED AGAINST REVENUE 159,065

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493014006395

OMB No 1545-0047

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

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

Open to Public **Inspection**

Name of the organization	
COLUMBUS JEWISH FOUNDATION)

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

COLUMBUS JEWISH FOUNDATION						31-1384772	
Part I General Information	on on Grants and	l Assistance					
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	ward the grants or as	sıstance?					▽ Yes ┌ N
Part II Grants and Other A Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 53 Enter total number of other organization						. _	105

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	•				

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

Return Reference	Explanation
PART I, LINE 2	COMMUNITY GRANTS - STEWARDSHIP IS A KEY FUNCTION OF THE GRANTS COMMITTEES AND BOARD GRANT REQUESTS ARE SCREENED BY PROFESSIONAL STAFF AND THEN RECEIVE CAREFUL LAY LEADER SCRUTINY AND REVIEW AT VARIOUS LEVELS PRIOR TO FORMAL BOARD ACTION POST-APPROVAL PROCEDURES INCLUDE BUDGET MONITORING, STATUS REPORTS AND PROGRAM EVALUATION REVIEWS BY GRANTS DIRECTOR PRIOR TO RELEASE OF FUNDS VOLUNTEER ENGAGEMENT TAKES PLACE THROUGHOUT ALL PHASES OF THE GRANTS CYCLE DONOR ADVISED FUNDS - GIFT RECOMMENDATIONS ARE SCRUPULOUSLY REVIEWED BY FOUNDATION PROFESSIONAL STAFF AND LAY LEADERSHIP FOR COMPLIANCE ISSUES, INCLUDING BUT NOT LIMITED TO EXEMPT STATUS OF BENEFICIARIES, QUID PRO QUO AND SELF-INURGEMENT ISSUES, COMPLIANCE WITH PPA 2006/HR 4, ETC. REVIEW TAKES PLACE AT BOARD.
	STAFF LEVEL AS WELL AS BY LAY-VOLUNTEER REVIEW COMMITTEE FORMAL AUTHORIZATION OF DISBURSEMENTS OCCURS AT BOARD MEETINGS ALL DAF DONORS RECEIVE WRITTEN GUIDELINES (ALSO INCORPORATED IN DAF FUND AGREEMENTS) AND "DO'S AND DON'TS" PROTOCOLS, AS WELL AS PERIODIC UPDATES AND REMINDERS IN BOTH OF THE ABOVE, BOARD IS FULLY ENGAGED IN FOUNDATION GRANTS OPERATIONS TO GUARD AGAINST REAL AND PERCEIVED ABUSES AND TO BUILD DONOR AND PUBLIC TRUST THROUGH FORMALIZED POLICIES, PROCEDURES AND PRACTICES CONSISTENT WITH JEWISH ETHICAL CONDUCT AND GOOD GOVERNANCE

Additional Data

Software ID:

Software Version:

EIN: 31-1384772

Name: COLUMBUS JEWISH FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A KID AGAIN 777-G DEARBORN PARK LANE COLUMBUS,OH 43085	31-1440073	501(C)(3)	102,000				HOLIDAY PARTY AND STRATEGIC & SUCCESSION PLANNING

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ALGONQUIN ARTS 173 MAIN ST MANASQUAN,NJ 087363544	22-3195260	501(C)(3)	20,000				CAPITAL CAMPAIGN, ARTS AND EDUCATION		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ALVIN A DUBIN ALZHEIMER'S RESOURCE CENTER 12468 BRANTLEY COMMONS COURT FORT MYERS,FL 33907	65-0580633	501(C)(3)	5,000				ASSISTANCE & SUPPORT TO ALZHEIMER'S PERSONS & CAREGIVERS		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH 1150 SEVENTEENTH STREET NW WASHINGTON, DC 200364603	53-0218495	501(C)(3)	20,000				PRESERVING AND STRENGTHENING THE FOUNDATIONS OF FREEDOM		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
AMERICAN FRIENDS INTERDISCIPLINARY CENTER (AFIDC) 116 EAST 16TH STREET 11TH FLOOR NEW YORK, NY 10003	31-1577589	501(C)(3)	12,000				ANNUAL SCHOLARSHIP	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMERICAN FRIENDS OF MA'AGALIM INC 5 NORTH VILLAGE AVENUE ROCKVILLE CENTRE,NY 11570	27-3315621	501(C)(3)	30,000				PROGRAMS FOR AT- RISK YOUTH		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
AMERICAN FRIENDS OF SOROKA MEDICAL CENTER PO BOX 184-H SCARSDALE,NY 10583	13-5866593	501(C)(3)	750,000				SUPPORT FOR SOROKA MEDICAL CENTER	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMERICAN JEWISH WORLD SERVICES 45 W 36TH ST 11TH FLOOR NEW YORK, NY 10018		501(C)(3)	5,350				DISASTER RELIEF FUND-PHILLIPINES		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ANDREWS HOUSE INC PO BOX 1266 DELAWARE, OH 430158266	31-1424363	501(C)(3)	17,700				PROVIDE COMMUNITY SERVICES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ANIMAL PROTECTIVE LEAGUE OF SPRINGFIELD AND SANGAMON COUNTY 1001 TAINTOR RD SPRINGFIELD, IL 627021766	23-7095476	501(C)(3)	5,000				CARING FOR ILL, INJURED AND ABUSED HOMELESS ANIMALS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ARTHUR G JAMES CANCER FOUNDATION 660 ACKERMAN ROAD COLUMBUS,OH 43218	31-1301428	501(C)(3)	180,104				CELEBRATION OF LIFE, PELOTONIA, BLOCK MEMORIAL FUND, HEALTHCARE FOCUSED ON IMPROVING LIVES OF CANCER PATIENTS, STEPHANIE SPIELMAN FUND CHAMPIONS, UP ON THE ROOF, EXPANSION PROGRAM				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BALLET MET DEVELOPMENT DEPT 322 MOUNT VERNON AVENUE COLUMBUS,OH 43215	31-0858562	501(C)(3)	14,950				DANCE PERFORMANCES, TRAINING, EDUCATION, AND OUTREACH			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BETH JACOB CONGREGATION 1223 COLLEGE AVE COLUMBUS,OH 43209	31-6401183	501(C)(3)	32,997				WORSHIP AND EDUCATION, CAPITAL IMPROVEMENTS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BEXLEY COMMUNITY FOUNDATION 552 SOUTH DREXEL AVENUE COLUMBUS,OH 43209	27-1405357	501(C)(3)	7,800				BEXLEY YOUTH AND RECREATION FUND, DREXEL SOCIETY, BEXLEY IN BLOOM & TREES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BEXLEY EDUCATION FOUNDATION 348 SOUTH CASSINGHAM ROAD BEXLEY,OH 43209	31-1463283	501(C)(3)	12,690				SUPPORT FOR BEXLEY SCHOOL, 2014 BEXLEY EDUCATOR OF THE YEAR AWARD, BRAVO			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BIG BROTHERSBIG SISTERS OF CENTRAL OHIO 1855 EAST DUBLIN- GRANVILLE ROAD COLUMBUS,OH 43229	31-4379429	501(C)(3)	39,300				YOUTH MENTORING, BOWLING FOR KIDS, TASTE OF CLASS FOR KIDS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CAPITOL SQUARE RENOVATION FOUNDATION INC OHIO STATE HOUSE ROOM 16 COLUMBUS,OH 43215	31-1222851	501(C)(3)	173,466				OHIO HOLOCAUST & LIBERATOR MEMORIAL			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHABAD HOUSE-ASPEN 435 WEST MAIN STREET ASPEN,CO 81611	22-3787221	501(C)(3)	55,500				JEWISH EDUCATION AND OUTREACH, ISRAEL VETS			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHILDREN'S DYSLEXIA CENTERS INC 290 CRAMER CREEK COURT DUBLIN,OH 43017	04-3169620	501(C)(3)	10,000				SPONSORSHIP OF A CHILD			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COLUMBIA GRAMMAR & PREPARATORY SCHOOL 5 WEST 93RD STREET NEW YORK, NY 10025	13-0590970	501(C)(3)	40,000				THIRD CENTURY FUND		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COLUMBUS ACADEMY 4300 CHERRY BOTTOM ROAD GAHANNA,OH 432300745	31-4379445	501(C)(3)	14,800				ANNUAL FUND		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COLUMBUS COLLEGE OF ART & DESIGN 60 CLEVELAND AVENUE COLUMBUS,OH 43215	31-0820394	501(C)(3)	5,250				GENERAL SCHOLARSHIP FUND			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COLUMBUS COMMUNITY KOLLEL 2513 EAST MAIN STREET COLUMBUS,OH 43209	31-1438033	501(C)(3)	31,430				ADULT JEWISH EDUCATION			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS,OH 43205	31-6044264	501(C)(3)	100,400				PHILANTHROPY AND GRANTMAKING			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COLUMBUS JEWISH DAY SCHOOL 150 EAST GRANVILLE STREET NEW ALBANY,OH 43054	31-1482374	501(C)(3)	52,900				JEWISH STUDIES FOR ELEMENTARY AGE STUDENTS, WISDOM OF THE HEART			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
COLUMBUS JEWISH HISTORICAL SOCIETY 1175 COLLEGE AVENUE COLUMBUS,OH 43209	31-1012951	501(C)(3)	20,440				PRESERVATION OF HISTORY OF THE JEWISH COMMUNITY				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COLUMBUS MUSEUM OF ART 480 EAST BROAD STREET COLUMBUS,OH 43215	31-4379447	501(C)(3)	18,340				EDUCATION AND CULTURAL CENTER			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COLUMBUS SCHOOL FOR GIRLS 56 SOUTH COLUMBIA AVENUE COLUMBUS,OH 43209	31-4379452	501(C)(3)	29,751				COLLEGE PREPARATORY CURRICULUM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
COLUMBUS TORAH ACADEMY 181 NOE-BIXBY ROAD COLUMBUS,OH 43213	31-4428025	501(C)(3)	162,994				ORTHODOX JEWISH STUDIES FOR ELEMENTARY & SECONDARY AGE STUDENTS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
COMMUNITY SHELTER BOARD L-3112 111 LIBERTY STREET 150 COLUMBUS,OH 43215	31-1181284	501(C)(3)	5,200				EMERGENCY HOUSING PROGRAMS AND COMMUNITY AWARENESS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CONGREGATION AGUDAS ACHIM 2767 EAST BROAD STREET COLUMBUS,OH 43209	31-4414020	501(C)(3)	109,212				WORSHIP AND EDUCATION, YAHRZEITS, HIGH HOLIDAY				

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONGREGATION AHAVAS SHOLOM 2568 EAST BROAD STREET COLUMBUS,OH 43209	31-0898886	501(C)(3)	18,500				WORSHIP AND EDUCATION, YAHRZEITS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONGREGATION BETH TIKVAH 6121 OLENTANGY RIVER RD WORTHINGTON,OH 43085	31-1069161	501(C)(3)	5,875				WORSHIP AND EDUCATION, BUILDING FUND			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONGREGATION RODEPH SHOLOM FINANCE OFFICE FLOOR 3 7 WEST 83RD STREET NEW YORK, NY 100245201	13-1628164	501(C)(3)	10,000				WORSHIP AND EDUCATION			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONGREGATION TIFERETH ISRAEL 1354 EAST BROAD STREET COLUMBUS,OH 43205	31-4319579	501(C)(3)	117,528				WORSHIP AND EDUCATION, SISTERHOOD, HIGH HOLIDAY DONATION, CANTOR'S ASSEMBLY			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONGREGATION TORAT EMET 2375 EAST MAIN STREET BEXLEY,OH 43209	31-1786319	501(C)(3)	9,331				WORSHIP AND EDUCATION, YAHRZEITS, RABBI'S FUND			

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CRISTO REY COLUMBUS HIGH SCHOOL 840 WEST STATE STREET COLUMBUS,OH 43222	53-0196617	501(C)(3)	5,000				COLLEGE PREPARATORY CURRICULUM			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ELMIRA COLLEGE ONE PARK PLACE ELMIRA,NY 149019968	16-0743996	501(C)(3)	5,200				HIGHER EDUCATION			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FLORENCE MELTON SCHOOL OF ADULT JEWISH LEARNING 95 REVERE DRIVE STE F NORTHBROOK,IL 60062	01-0725179	501(C)(3)	27,608				JEWISH INSTRUCTION & EDUCATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FLYING HORSE FARMS 5260 STATE ROUTE 95 MT GILEAD,OH 43338	20-3498125	501(C)(3)	17,983				RESIDENTIAL SUMMER CAMP AND TREATMENT CENTER FOR CHILDREN WITH SERIOUS ILLNESSES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FOUNDATION FOR ENVIRONMENTAL EDUCATION PO BOX 340581 COLUMBUS,OH 432340581	31-1426752	501(C)(3)	10,000				SOLAR CASCADE - LINWORTH ELEMENTARY PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FOUNDATION FOR THE DEFENSE OF DEMOCRACIES INC PO BOX 33249 WASHINGTON, DC 200333249	13-4174402	501(C)(3)	20,000				FOREIGN AFFAIRS AND NATIONAL SECURITY			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FRANKLIN COUNTY STADIUM INC 330 HUNTINGTON PARK LANE COLUMBUS,OH 43215	31-0933217	501(C)(3)	10,000				CAPITAL CAMPAIGN			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FURNITURE BANK OF CENTRAL OHIO 118 SOUTH YALE AVENUE COLUMBUS,OH 43222	31-1600869	501(C)(3)	5,000				FURNITURE & HOUSEHOLD GOODS ASSISTANCE			

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GAHANNA-JEFFERSON EDUCATION FOUNDATION 160 SOUTH HAMILTON GAHANNA,OH 43230	81-0576974	501(C)(3)	5,250				CELEBRATION OF EXCELLENCE			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GILDER LEHRMAN INST OF AMERICAN HISTORY 19 WEST 44TH STREET 500 NEWYORK,NY 10036	13-3795391	501(C)(3)	5,000				IMPROVEMENT OF HISTORY EDUCATION			

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
HABITAT FOR HUMANITY- MIDOHIO 3140 WESTERVILLE ROAD COLUMBUS,OH 43224	31-1217994	501(C)(3)	100,025				SPONSOR A HOUSE				

Form 990,Schedule 1, Pa	-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
HEBREW SENIOR LIFE 1200 CENTRE STREET BOSTON,MA 021311097	90-0183119	501(C)(3)	10,400				HONOR OUR ELDERS					

Form 990,Schedule 1, Pa	form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
HEBREW UNION COLLEGE 3101 CLIFTON AVENUE CINCINNATI,OH 45220	31-0537067	501(C)(3)	35,500				RELIGIOUS AND SCHOLARLY LEARNING				

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
HERBERT KAY PARKINSON CHAPTER INC 19955 NE 38TH COURT- 1103 NORTH MIAMI,FL 33180	11-3840788	501(C)(3)	5,000				RESEARCH, EDUCATION AND OUTREACH RELATED TO PARKINSON'S DISEASE					

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash 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- DC A & R BELFER BUILDING 800 EIGHTH STREET NW WASHINGTON, DC 20001	52-1844823	501(C)(3)	11,980				JEWISH LEARNING CENTER				

Form 990,Schedule I, Pai	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
HOME PORT BY COLUMBUS HOUSING PARTNERSHIP 562 EAST MAIN STREET COLUMBUS,OH 43215	31-1208260	501(C)(3)	5,000				AFFORDABLE HOUSING AND COUNSELING					

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
HOMELESS FAMILIES FOUNDATION 33 NORTH GRUBB STREET COLUMBUS,OH 43215	31-1179492	501(C)(3)	50,125				SHELTER AND SUPPORT SERVICES FOR HOMELESS FAMILIES					

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
INCREDIBOTS 715 AFFIRMED COURT GAHANNA,OH 43230	31-1384772	501(C)(3)	7,250				TRAVEL STIPEND & AWARD				

Form 990,Schedule 1, Pa	orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
INNOCENCE PROJECT INC 40 WORTH STREET 701 NEW YORK, NY 100132904	32-0077563	501(C)(3)	5,000				FREE INCARCERATED INNOCENT PEOPLE				

Form 990,Schedule I, Pai	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
ISRAEL & CO 7 WORLD TRADE CTR 46TH FLOOR 250 GREENWICH STREET NEW YORK, NY 100072369	45-5230138	501(C)(3)	15,000				OSU MBA PROGRAM					

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
JEWISH CENTER OF THE HAMPTONS 44 WOODS LANE PO BOX 5107 EAST HAMPTON, NY 11937	11-6035195	501(C)(3)	10,000				CULTURAL, RECREATIONAL, AND SOCIAL PROGRAMS AND ACTIVITIES					

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY CENTER-LYJCC 1125 COLLEGE AVENUE COLUMBUS, OH 43209	31-4379496	501(C)(3)	192,196				GALLERY PLAYERS, JEWISH FILM FESTIVAL, CULTURAL, RECREATIONAL AND SOCIAL PROGRAMS & ACTIVITIES, CAPITAL CAMPAIGN, MUSIC PROGRAM, SUPPORTING THE FLORENCE MELTON ADULT MINI- SCHOOL LECTURE BY DEBBIE GOODMAN IN NOVEMBER 2013, SPORTS SPECTACULAR, EMERGENCY MEALS FOR SENIORS, BUILDING FUND, COLE ESSAY, HEADSETS AND MICROPHONES FOR THE THEATER & SET SUPPLIES FOR OTHER DESERT CITIES, SUMMER CAMPS, REPAIR OF HOOVER PAVILION, MOVING TREES AND ART SHED AT HOOVER PARK, FITNESS EQUIPMENT, VISUAL ARTS PROGRAM, J ZONE, BOOKFAIR, SPONSOR CELEBRATION, REPAIR WATER LINES AT HOOVER PARK, PREPAIR WATER LINES AT HOOVER PARK, BARKAN MEMORIAL, PRE-PASSOVER KOSHER COOKING DEMONSTRATION FOR THE COMMUNITY

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JEWISH COMMUNITY CENTER-MANHATTAN INC 334 AMSTERDAM AVENUE NEW YORK, NY 10023	13-3490745	501(C)(3)	7,500				CULTURAL, RECREATIONAL AND SOCIAL PROGRAMS & ACTIVITIES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JEWISH FAMILY SERVICES 1070 COLLEGE AVENUE COLUMBUS,OH 43209	31-4379497	501(C)(3)	122,206				COMPREHENSIVE HEALTH AND SOCIAL SERVICES, PASSOVER FOOD BASKETS, REVOLVING HELP LOAN FUND, SKILLS COACHING PROGRAM IHO REID AND FRAN WASSERSTROM, PROJECT SHEMESH, HOLOCAUST SURVIVOR PROGRAM, SCRIP PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JEWISH FEDERATION OF COLUMBUS 1175 COLLEGE AVENUE COLUMBUS,OH 43209	31-0838745	501(C)(3)	1,253,381				BUILD AND STRENGTHEN THE COLUMBUS JEWISH COMMUNITY, MANDELKORN AWARD, LEVY FAMILY FUND, JEWISH OVERNIGHT CAMPS- CAMPER SCHOLARSHIPS, HOLOCAUST EDUCATION CORNUCOPIA, RENOVATION, KESHER SUNDAYS - TEEN PROGRAM FOR KESHER PARTICIPANTS, JEWISH POPULATION STUDY OF GREATER COLUMBUS, CLASSROOM MATERIALS, CONVERSATIONAL HEBREW CLASSES, BIRTHRIGHT ISRAEL			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JEWISH FEDERATION OF METROPOLITAN CHICAGO 30 SOUTH WELLS STREET 4049 CHICAGO,IL 60606	36-2167761	501(C)(3)	6,000				BUILD AND STRENGTHEN THE CHICAGO JEWISH COMMUNITY			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
JEWISH FEDERATION OF SOUTHERN ARIZONA 3822 EAST RIVER ROAD 100 TUCSON,AZ 85718	86-0096795	501(C)(3)	5,000				BUILD & STRENGTHEN THE SOUTHERN ARIZONA JEWISH COMMUNITY				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JEWISH NATIONAL FUND 60 REVERE DRIVE STE 840 NORTHBROOK,IL 60062	13-1659627	501(C)(3)	66,663				BUILDING FUND, DEFINING MOMENTS SOCIETY			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(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 606 BOX 30 NEW YORK, NY 100279985	13-0887640	501(C)(3)	6,298				JEWISH INSTRUCTION AND EDUCATION			

Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
KIDSOHIOORG 22 EAST GAY STREET 600 COLUMBUS,OH 43215	02-0575227	501(C)(3)	7,500				IMPROVEMENT OF EDUCATION OF OHIO'S CHILDREN		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LORI SCHOTTENSTEIN CHABAD CENTER PO BOX 80 NEW ALBANY,OH 43054	31-1427001	501(C)(3)	41,039				EDUCATIONAL AND RELIGIOUS PROGRAMS, FRIENDSHIP CIRCLE, SENIORS IN MOTION, NEW TORAH, LIFETOWN, CAPITAL CAMPAIGN, CAMP GAN ISRAEL			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MARBURN ACADEMY 1860 WALDEN DR COLUMBUS,OH 43229	31-1011901	501(C)(3)	7,000				SCHOLARS FUND, CAPITAL CAMPAIGN		

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MASORTI FOUNDATION 475 RIVERSIDE DRIVE 832 NEW YORK, NY 101150122		501(C)(3)	60,250				RELIGION AND SPIRITUAL DEVELOPMENT, CAMP NETAIM- BAR/BAT MITZVAH PROGRAM			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MASSACHUSETTS GENERAL HOSPITAL 165 CAMBRIDGE STR 600 BOSTON,MA 02114	04-1564655	501(C)(3)	25,000				RESEARCH			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MAYO CLINIC 200 FIRST STREET SW ROCHESTER,MN 55905	41-6011702	501(C)(3)	20,000				BASIC SCIENCE RESEARCH		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MD ANDERSON CANCER CENTER OF UNIVERSITY OF TEXAS PO BOX 4486 HOUSTON,TX 77210	74-6001118	501(C)(3)	25,000				RESEARCH			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MIAMI UNIVERSITY 725 EAST CHESTNUT OXFORD,OH 45056	31-6402089	501(C)(3)	15,200				MIAMI FUND			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION 700 CHILDRENS DRIVE COLUMBUS,OH 43205	31-1036370	501(C)(3)	29,935				TWIG 3 PROGRAM, ASTHMA DEPARTMENT, SUPPORT FOR NATIONWIDE CHILDREN'S HOSPITAL			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEW ALBANY COMMUNITY FOUNDATION 220 MARKET STREET 205 NEW ALBANY,OH 43054	31-1409264	501(C)(3)	9,160				PHILANTHROPY AND GRANTMAKING			

orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NYU SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	51-0244064	501(C)(3)	20,000				DEPARTMENT OF DERMATOLOGY			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OAKSTONE ACADEMY 900 CLUB DRIVE FINANCE DEPARTMENT WESTERVILLE,OH 43081	31-1666674	501(C)(3)	5,100				SERVICES FOR FAMILIES AND THEIR CHILDREN WITH AUTISM- RELATED DISORDERS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OHIO HEALTH FOUNDATION KOBACKER HOUSE 800 MCCONNELL DRIVE COLUMBUS,OH 43214	31-1372702	501(C)(3)	75,000				STAFF EDUCATION EXPERIENCES & GRIEF SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OHIO JEWISH COMMUNITIES 50 WEST BROAD STREET 1815 COLUMBUS,OH 43215	31-1042915	501(C)(4)	6,000				EDUCATIONAL			

Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OHIO WILDLIFE CENTER 6131 COOK ROAD POWELL,OH 43065	31-1182372	501(C)(3)	69,000				OUTDOOR/INDOOR CLASSROOM AND SCRAM STAFFING			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OHIOHEALTH FOUNDATION 180 EAST BROAD STREET 31ST FLOOR COLUMBUS,OH 43215	23-7446919	501(C)(3)	73,500				NURSE SCHOLARSHIP		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OSU CHABAD HOUSE INC 207 EAST 15TH AVENUE COLUMBUS,OH 43201	31-1427001	501(C)(3)	12,000				EDUCATIONAL AND RELIGIOUS PROGRAMS		

Form 990,Schedule I, Par	rt II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OSU FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43221	31-1145986	501(C)(3)	213,032				MIRANDA GRANCHE AWARD, NATIONAL DOCTORS DAY, EDUCATION, FISHER SCHOOL OF BUSINESS, ISLET CELL RESEARCH FUND, JAMES EXPANSION FUND, MATERIALS SCIENCE AND ENGINEERING, EYE RESEARCH FUND, J & N WASSERSTROM FAMILY ATHLETIC SCHOLARSHIP FUND, WOSU PUBLIC MEDIA, WORLY LUNG CANCER RESEARCH AND WORLY BREAST CANCER RESEARCH, SCHOTTENSTEIN BASKETBALL IMPROVEMENTS FUND, PHYLLIS KALDOR "HOPE AND INSPIRATION TRIBUTE" FUND, FRIENDS OF THE MELTON CENTER AND JAMES PROSTATE CANCER PREVENTION, STAR PROGRAM-FACES OF RESILIENCE, KATHY & JAY WORLY LUNG CANCER EARLY DETECTION FUND, OHIO SCHOLARSHIP CHALLENGE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
OSU HILLEL 46 EAST 16TH AVENUE COLUMBUS,OH 432011661	31-1048567	501(C)(3)	193,096				BUILDING REPAIR AND MAINTENANCE, ORLOV SCHOLARS WORK STUDY FUND, JEWISH LEARNING CENTER, 20TH ANNIVERSARY CAMPAIGN, INTERN SUPPORT, VISITING ARTIST PROGRAM, SPONSOR A STUDENT, REPLACE 7 HVAC ROOFTOP UNITS, EDUCATIONAL FUND, PARDES				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PACE UNIVERSITY OFFICE OF PHILANTHROPY ONE PACE PLAZA NEW YORK, NY 100381598		501(C)(3)	5,000				HIGHER EDUCATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PARDES INSTITUTE OF JEWISH STUDIES NORTH AMERICA INC 5 WEST 37TH STREET 802 NEW YORK, NY 10018	22-2594099	501(C)(3)	10,125				JEWISH EDUCATION AND OUTREACH			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PILOT DOGS 625 WEST TOWN STREET COLUMBUS,OH 43215	31-4393243	501(C)(3)	50,200				TRAIN DOGS FOR THE BLIND		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SHALOM HARTMAN INSTITUTE USA ONE PENNSYLVANIA PLAZA 1606 NEW YORK, NY 10119	13-3014387	501(C)(3)	5,000				RESEARCH AND LEADERSHIP INSTITUTE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SHALOM HOUSE C/O WEXNER HERITAGE HOUSE 1151 COLLEGE AVENUE COLUMBUS,OH 43209	31-1334762	501(C)(3)	12,350				KOACH FUND - GENERAL SUPPORT FOR JEWISH ACTIVITIES, WELLNESS PROGRAM, SHABBAT PROGRAM - MATERIALS FOR SHABBAT CELEBRATIONS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SMITHSONIAN INSTITUTION PO BOX 37012 WASHINGTON,DC 20013	53-0206027	501(C)(3)	10,000				SCIENTIFIC RESEARCH AND SCHOLARSHIP IN THE ARTS, HISTORY, AND CULTURE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST VINCENT FAMILY CENTERS 1490 EAST MAIN STREET COLUMBUS,OH 43205	31-4379572	501(C)(3)	10,550				PROVIDE CARE FOR CHILDREN THAT ARE SEVERELY EMOTIONALLY DISTURBED OR HAVE OTHER BEHAVIORAL PROBLEMS, CAPITAL CAMPAIGN			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STEPHEN GAYNOR SCHOOL 148 WEST 90TH NEW YORK,NY 10024	13-1969570	501(C)(3)	12,660				SPECIALIZED EDUCATION FOR LEARNING DISABLED STUDENTS, SCIENCE CENTER			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TEMPLE BETH SHALOM 5089 JOHNSTOWN ROAD NEW ALBANY, OH 43054	31-0926157	501(C)(3)	64,880				WORSHIP AND EDUCATION, RABBI BAR-LEV DISCRETIONARY FUND, BUILDING FUND			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
TEMPLE ISRAEL 5419 EAST BROAD STREET COLUMBUS, OH 432131499	31-4384145	501(C)(3)	38,267				NER TAMID CAMPAIGN, WORSHIP AND EDUCATION, RABBI'S DISCRETIONARY FUND, ONEG SHABBAT, PROFESSIONAL STAFF UPGRADE, FUND NEW & EXPANDED ENGAGEMENT ACTIVITIES, KESHET ISRAEL NEW MEMBERS SHABBAT, BRIDGE THE GAP, YOUTH SCHOLARSHIPS FOR NFTY CONVENTION TRAVEL, RELIGIOUS SCHOOL				

Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE BUCKEYE RANCH 5665 HOOVER ROAD GROVE CITY,OH 43123	31-0642111	501(C)(3)	100,000				LEARN CARE GIVE CAPITAL CAMPAIGN		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE MANHATTAN INSTITUTE 52 VANDERBILT AVENUE NEW YORK, NY 10017	13-2912529	501(C)(3)	100,000				HIGHER EDUCATION		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE OHIO STATE UNIVERSITY 281 WEST LANE AVE 2ND FLOOR COLUMBUS,OH 43210	31-6025986	501(C)(3)	45,088				COLLEGE OF MEDICINE & PUBLIC HEALTH, JAFFEE DENTAL SCHOLARSHIPS, WEXNER CENTER FOR ARTS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TUFTS-NEW ENGLAND MEDICAL CENTER 800 WASHINGTON STREET 231 BOSTON,MA 02111	04-3400617	501(C)(3)	26,000				IBD RESEARCH FUND, LEVINE FOUNDATION		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
US HOLOCAUST MEMORIAL MUSEUM 7022 ALBERT LEA PO BOX 7022 ALBERT LEA,MN 56007	52-1309391	501(C)(3)	7,118				DOCUMENTATION, STUDY, AND INTERPRETATION OF HOLOCAUST HISTORY, NICHOLAS RAIKEN CHAIN OF MEMORY BAR MITZVAH PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNITED WAY-CENTRAL OHIO PO BOX 951571 CLEVELAND,OH 44193	31-4393712	501(C)(3)	116,450				COMMUNITY IMPACT & ANNUAL WOMEN'S LEADERSHIP COUNCIL, OSU SCHOTTENSTEIN CHABAD HOUSE/OHIOHEALTH CAMPAIGN, CHAMPION OF CHILDREN, PHILANTHROPY AND GRANTMAKING			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
VAAD HO-IR OF COLUMBUS OHIO INC PO BOX 9857 COLUMBUS,OH 43209	31-1430767	501(C)(3)	10,400				ADMINISTRATOR SALARY & PAYROLL, CONTRACTOR COMPENSATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WEXNER HERITAGE VILLAGE 1151 COLLEGE AVENUE COLUMBUS,OH 43209	31-4417962	501(C)(3)	68,669				LONG-TERM HEALTHCARE FOR DISABLED ELDERLY INDIVIDUALS, CAMPAIGN TO REVOLUTIONIZE CARE, ZUSMAN LOVE AND HUGS BEAR PROGRAM, ZUSMAN HOSPICE, CAPITAL CAMPAIGN, PURCHASE OF A NEW LARGE VAN, R & R FUND, ASSOCIATE FUND			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WILLIAMS COLLEGE ALUMNI FUND 75 PARK STREET WILLIAMSTOWN, MA 012672141	04-2104847	501(C)(3)	20,000				HIGHER EDUCATION		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WINSTON PREPARATORY SCHOOL 126 WEST 17TH STREET NEW YORK, NY 100115402	13-3085860	501(C)(3)	10,000				WINSTON FUND		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
YOUNG LIFE METRO COLUMBUS 3857 NORTH HIGH STREET COLUMBUS,OH 432143752	84-0385934	501(C)(3)	10,000				YOUTH DEVELOPMENT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
YWCA OF COLUMBUS 65 SOUTH FOURTH STREET COLUMBUS,OH 43215	31-4379597	501(C)(3)	5,950				WOMEN'S HUMAN SERVICES		

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DLN: 93493014006395

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization COLUMBUS JEWISH FOUNDATION **Employer identification number**

31-1384772

Pa	Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any 990, Part VII, Section A, line 1a Complete Part III to provide				
	☐ First-class or charter travel ☐ H	lousing allowance or residence for personal use			
	☐ Travel for companions ☐ P	Payments for business use of personal residence			
	□ Tax idemnification and gross-up payments □ F	lealth or social club dues or initiation fees			
	☐ Discretionary spending account ☐ P	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization				
	reimbursement or provision of all of the expenses described a		1b		
2	Did the organization require substantiation prior to reimbursin directors, trustees, officers, including the CEO/Executive Dire		2		
3	Indicate which, if any, of the following the filing organization us organization's CEO/Executive Director Check all that apply used by a related organization to establish compensation of th	Do not check any boxes for methods			
	▼ Compensation committee	Vritten employment contract			
		Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Sor a related organization	Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqu	ualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based comp	pensation arrangement?	4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must comple	ete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, d compensation contingent on the revenues of	did the organization pay or accrue any			
а	The organization?		5a		No
b	Any related organization?		5b		No
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, d compensation contingent on the net earnings of	did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, d payments not described in lines 5 and 6? If "Yes," describe in		7		No
8	Were any amounts reported in Form 990, Part VII, paid or acc				
	subject to the initial contract exception described in Regulation	ons section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttab section $53\ 4958-6(c)$?	le presumption procedure described in Regulations	9		

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 in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	• •
		compensation incentive repo		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)JACKIE JACOBS EXECUTIVE DIRECTOR	(i) (ii)	170,335 0	0	1,58 4 0	38,911 0	16,566 0	227,396 0	0 0
(2)TAMRA FITZPATRICK CFO	(i) (ii)	138,843 0	0	552 0	4,165 0	16,473 0	160,033 0	0

Schedule J (Form 990) 2013

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

Return Reference Explanation

Schedule J (Form 990) 2013

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DLN: 93493014006395

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

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

Open to Public Inspection

Internal Revenue Service ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization COLUMBUS JEWISH FOUNDATION

Employer identification number

31-1384772

Pa	rt I Types of Property	_						
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	- etermı		ts
1	Art—Works of art			j				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property	<u> </u>			MA BUET 1/41/15			
	Securities—Publicly traded .	X	81	4,911,4/6	MARKET VALUE			
	Securities—Closely held stock	•						
TT	Securities—Partnership, LLC, or trust interests	X	2	588,252	IND CERT APPRA	ISAL		
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	O ther ► ()							
	O ther ► ()							
	Other ► () Number of Forms 8283 received	L by the orga	nization during the tax yea	r for contributions				
29	for which the organization compl				29		Yes	No
30a	During the year, did the organiz	atıon receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that			
	it must hold for at least three ye	ears from th	e date of the initial contribu	ıtıon, and which is not requi	red to be used			
	for exempt purposes for the ent	ıre holdıng p	period?			30a		No
b	If "Yes," describe the arrangem	ent in Part :	II					
31	Does the organization have a gi	ft acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	noncash • • •	32a		No
ь	If "Yes," describe in Part II							
33	If the organization did not repor describe in Part II	t an amount	: in column (c) for a type of	property for which column (a) ıs checked,			

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.

Return Reference Explanation

Schedule M (Form 990) (2013)

DLN: 93493014006395

OMB No 1545-0047

Inspection

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

	www.irs.gov/form990.	
Name of the organization COLUMBUS JEWISH FOUNDATION		Employer identification number 31-1384772
990 Schedule O, Supplemental	Information	1304772
Return Reference	Explanation	
FORM 990, PART VI, SECTION A, LINE 2	•	SHIP
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION REMOVED THE COLUMBUS JEWISH FEDE MEMBERS	RATION'S APPROVAL OF BOARD
FORM 990, PART VI, SECTION B, LINE 11	THE CHIEF FINANCIAL OFFICER AND THE EXECUTIVE DIRECTORM 990 AND RECOMMEND ANY CHANGES TO THE TAX PREPAREI THEN DI STRIBUTED TO THE AUDIT COMMITTEE FOR FINAL REVIEW AN THE IR S	R THE REVISED FEDERAL FORM 990 IS
FORM 990, PART VI, SECTION B, LINE 12C	IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AND MEMBERS OF POWERS C ONSIDERING THE PROPOSED TRANSACTION OR ARRANGEME FINANCIAL INTE REST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSS HE/SHE S HALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE INTERES T IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OF DECIDE IF A CONFLICT OF INTEREST EXISTS THE CONFLICT OF INTEREST INMEMB ERS AT THE BEGINNING OF EACH FISCAL YEAR EACH OFFICE COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN. PERSON A HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, C HAS AGREED TO COMPLY WITH THE POLICY, AND D CHARIT ABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPT ACTIVITIE S WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSES IF THE BOREASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OITS HALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF. OPPORTUNITY T O EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IF, AFTER HAND AFT ER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTIVITIES T SHALL TAKE APPROPRIATE CORRECTIVE ACTION	BE GIVEN THE OPPORTUNITY TO COMMITTEES WITH BOARD DELEGATED INT AFTER DISCLOSURE OF THE ION WITH THE INTERESTED PERSON, E DETERMINATION OF A CONFLICT OF OR COMMITTEE MEMBERS SHALL POLICY IS PROVIDED TO ALL BOARD ER, TRUSTEE AND MEMBER OF A A STATEMENT WHICH AFFIRMS SUCH CY, B HAS READ AND UNDERSTANDS UNDERSTANDS THE FOUNDATION IS ION MUST ENGAGE PRIMARILY IN DARD OR COMMITTEE HAS R POSSIBLE CONFLICTS OF INTEREST, AND AFFORD THE MEMBER AN EARING THE MEMBER'S RESPONSE HE CIRCUMSTANCES, THE BOARD OR
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS REVIEWED BY THE FOUNDATION'S VOLUNTHEN APPROV ED BY THE FINANCE COMMITTEE. THE COMMITTEE REVIEWS S EXECUTIVES WITH COMPARABLE ENDOWMENT PROGRAMS THROUGH THE USE PUBLISHED NONPROF IT SALARY GUIDES BUDGET IS SUBSEQUENTLY ACTED UPON BOARD	ALARY LEVELS OF AGENCY OF FEDERAL FORM 990'S AND
FORM 990, PART VI, SECTION C, LINE 19	COPIES OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENT S ARE AVAILABLE TO THE GENERAL PUBLIC UPON WRITTEN COLUMBUS JEWIS H FOUNDATION	
FORM 990, PART XI, LINE 9	CSV CHANGE OF LIFE INSURANCE 344,061	
FORM 990, PART XI, LINE 2C	THE PROCESS FOR AUDITOR SELECTION AND AUDIT OVERSIG	GHT HAS NOT CHANGED

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

DLN: 93493014006395

2013

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2013

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. ► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

itemai i tevenae ocivioe		
Name of the organization COLUMBUS JEWISH FOUNDATION	Employer identification num	ber
	31-1384772	

art I Identification of Disregarded Entities Co			<u>-</u>		(6)		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End-	(e) -of-year assets	(f) Direct controlling entity		
art II Identification of Related Tax-Exempt Or or more related tax-exempt organizations du	ring the tax year.		_	_ _			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)	Direct controlling entity	Section (13) co	ontrolled tity?
1) WEISS FAMILY FOUNDATION 175 COLLEGE AVE	GRANTS FOR RELIGIOUS, SCIENTIFIC AND LITERARY PURPOSES & SUPPORT OF CJF	ОН	501 (C)(3)	11 - TYPE II	N/A	res	No No
COLUMBUS, OH 43209 B1-1608779					11/7		
2) EBNER FAMILY FOUNDATION 175 COLLEGE AVE	RENTAL OF OFFICE SPACE TO SUPPORTED ORGANIZATIONS	ОН	501 (C)(3)	11 - TYPE I	N/A		No
COLUMBUS, OH 43209 33-1050370						_	<u> </u>
							_
							_
							_

Cat No 50135Y

(a) Name, address, and EIN of related organization		(b) Primary activit	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging :ner?	(k) Percentag ownersh
					314)			Yes	No	1	Yes	No	
V Identification of Related Org								were	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share e of	(g) e of end- year ssets		(h) ercentage ownership	Section (b) cont	i) on 512 (13) rolled tity?	!
					1	<u> </u>			_		Yes		No
					_	+			_				+

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule										
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
b	Gift, grant, or capital contribution to related organization(s)				1b		No			
C	Gift, grant, or capital contribution from related organization(s)				1c		No			
d	Loans or loan guarantees to or for related organization(s)				1d		No			
е	Loans or loan guarantees by related organization(s)				1e		No			
f	Dividends from related organization(s)				1f		No			
g	Sale of assets to related organization(s)				1 g		No			
h	Purchase of assets from related organization(s)				1h		No			
i	Exchange of assets with related organization(s)				1i		No			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
ı	Performance of services or membership or fundraising solicitations for related organization(s)									
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No			
0	Sharing of paid employees with related organization(s)				10		No			
р	Reimbursement paid to related organization(s) for expenses				1 p		No			
q	Reimbursement paid by related organization(s) for expenses				1q		No			
r	O ther transfer of cash or property to related organization(s)				1r		No			
s	Other transfer of cash or property from related organization(s)				1s		No			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin (a)		(c)	(d)						
	Name of related organization	(b) Transaction type (a-s)	Amount involved	Method of determining amo	unt in	volved				
										

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

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

revenue) that was not a related organization. See instructions i													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013