DLN: 93493319080499 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable Jewish Federation of Cincinnati □ Address change 31-0537174 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (513) 985-1500 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 28,198,146 Name and address of principal officer H(a) Is this a group return for Shepard H Englander ☐Yes ☑No subordinates? 8499 Ridge Road H(b) Are all subordinates Cincinnati, OH 45236 ☐ Yes ☐No ıncluded? Tax-exempt status **✓** 501(c)(3) 4947(a)(1) or 501(c)() **◄** (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www jewishcincinnati org ${f M}$ State of legal domicile L Year of formation 1967 Summary 1 Briefly describe the organization's mission or most significant activities The Jewish Federation of Cincinnati brings our community together to care for Jews Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 40 40 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 450 **6** Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 18,704,385 15,542,945 Ravenua 710,422 924,530 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,153,778 4,156,095 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,568,585 20,623,570 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 9,453,069 14,624,911 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,253,215 5,117,968 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶1,569,782 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,016,288 2,138,119 16,722,572 21,880,998 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 3,846,013 -1,257,428 Net Assets or Fund Balances Beginning of Current Year End of Year 196,350,960 102,910,310 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 98,750,824 16,307,941 22 Net assets or fund balances Subtract line 21 from line 20 . 97,600,136 86,602,369 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-14 Signature of officer Sign Here Shepard H Englander Chief Executive Officer Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00537516 Paid self-employed Firm's name Barnes Dennig & Co LTD Firm's EIN ► 31-1119890 Preparer Use Only Firm's address > 150 East Fourth Street Phone no (513) 241-8313 Cincinnati, OH 45202 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (20	018)					Page 2				
Pa	nt III	Statement of	of Program Servic	e Accomplis	hments		_				
		Check if Sched	lule O contains a respo	nse or note to a	any line in this Part III .		🗹				
1	Briefly	describe the or	ganızatıon's mıssıon								
			ncinnati develops and c rts Israel, and assures			ations, and ideas to build an inclus	ive Jewish community that				
2		-	indertake any significa 990-EZ?		vices during the year wh	nich were not listed on					
	If "Yes										
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program										
			se changes on Schedul				☐ Yes 🗹 No				
4	Section	n 501(c)(3) and		ns are required	to report the amount o	largest program services, as meas f grants and allocations to others,					
4a	(Code) (Expenses \$	9,913,628	including grants of \$	7,983,738) (Revenue \$	59,591)				
	See Ad	ditional Data					, , 				
4b	(Code) (Expenses \$	1,556,667	including grants of \$	79,683) (Revenue \$	864,939)				
	See Ad	ditional Data									
4c	(Code) (Expenses \$	1,127,687	including grants of \$	880,934) (Revenue \$)				
	See Ad	ditional Data									
	(Code) (Expenses \$	5,945,853	including grants of \$	5,680,556) (Revenue \$)				
	Donor A	Advised Funds mai	nagement								
4d	Other	program service	es (Describe in Schedu	•							
	(Exper	nses \$	5,945,853 incl	uding grants of	\$ 5,680,5	56) (Revenue \$)				
4e	Total	program servi	ice expenses ▶	18,543,8	35						

Par	tIV 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
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 2	4	Yes	
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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part III	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	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 V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	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	
	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	Yes	
	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 2	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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? If "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? 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? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	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?			

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX column (A) line 12 If "Yes." complete Schedule I. Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

government on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Yes

20b

21

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	Checklist of Required Schedules (continued)	-		
	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 Yes	No
3	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
3	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	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
	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 "Yes," complete Schedule L, Part II	26		No
	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? If "Yes," complete Schedule L, Part III	27	Yes	
	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)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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
	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		No
ı	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
	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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
	tV Statements Regarding Other IRS Filings and Tax Compliance			

1c

12b

13b

13c

13a

14a

14b

15

No

Nο

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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(29) qualified nonprofit health insurance issuers.

Page **6** Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

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8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu Check if Schedule O contains a response or note to any line in this Part VI					✓					
Section A. Governing Body and Management										
				Yes	No					
1a Enter the number of voting members of the governing body at the end of the tax year	1a	40								
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										
				1 1						

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	40			
	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	1b	40			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?		2	Yes		
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other i		3		No	
4	Did the organization make any significant changes to its governing documents since the	Form 990 was filed? .	4		No	
_	Did the every nation become aways diving the year of a constituent divings of the every	t	-/			NI -

1a	40								
	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	1b	40						
2	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?								
3	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? .								
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .								
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .								
6	6 Did the organization have members or stockholders?								
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions the following	undert	aken during the year by						
а	The governing body?			8 a	Yes				
b	b Each committee with authority to act on behalf of the governing body?								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who of	annot	be reached at the						

	similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	۱.,	40				
_		1b	40	4		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?		tionship with any other	2	Yes		
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other	der the direct supervision?	3		No		
4	Did the organization make any significant changes to its governing documents since the	prior F	orm 990 was filed? .	4		No	
5	Did the organization become aware during the year of a significant diversion of the orga	n's assets? .	5		No		
6	Did the organization have members or stockholders?		6		No		
7a	Did the organization have members, stockholders, or other persons who had the power members of the governing body?	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by persons other than the governing body?	pers, stockholders, or	7 b		No		
8	Did the organization contemporaneously document the meetings held or written actions the following						
а	The governing body 9	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		No		
Se	ction B. Policies (This Section B requests information about policies not requ	ured b	y the Internal Revenu	e Code	∍.)		
					Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		No	
b	If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt p			10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its go form?	vernin	g body before filing the	11a	Yes		
b	Describe in Schedule O the process, if any, used by the organization to review this Form	990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes		
b	Were officers, directors, or trustees, and key employees required to disclose annually intendicts?	terests • •	that could give rise to	12b	Yes		
c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in						

6	Did the organization have members or stockholders?	6		No							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		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?	8 b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No							
Se	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		No							
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?	10ь									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes								
13	Did the organization have a written whistleblower policy?	13	Yes								
14	Did the organization have a written document retention and destruction policy?	14	Yes								
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Yes								
b	Other officers or key employees of the organization	15b	Yes								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										

U	Each committee with authority to act on behalf of the governing body?	ן טס ן	res	
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 Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
	<u>он</u> , кү			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			

b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶ OH , KY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			

State the name, address, and telephone number of the person who possesses the organization's books and records

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

▶Emily Anslinger 8499 Ridge Road Cincinnati, OH 45236 (513) 985-1500

orm 990 (2018)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's current of ation Enter -0- in columns (D), (ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (or organizations), re	gardless of amount	-
	of the organization's current key		•								
ho receive	organization's five current high ad reportable compensation (Box n and any related organizations										
f reportabl	of the organization's former office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed organ	nzatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

Form 990 (2018	3)										Page 8
Part VII Se	ection A. Officers, Direct	ors, Trustees	, Key E	Empl	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
N	(A) lame and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne b	n off or/tr	t che inles ficer	s pers	on	(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

	al trustee tor	cnal Trustee	oloyee	compensated ee		
See Additional Data Table						

1b Sub-Total				>			
c Total from continuation sheets to Pa	art VII , Section	Α		▶□			
d Total (add lines 1b and 1c)				▶	1,237,480	0	120,732

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 7			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	

2	lotal number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 7			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>			
	3		No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,0007 If "Yes," complete Schedule J for such individual	4	Yes	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	.	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individu services rendered to the organization? If "Yes," complete Schedule J for such person		5		No
Se	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received more than \$10 from the organization. Report compensation for the calendar year ending with or within the organization's ta		npensa	ition	

			163	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 from the organization. Report compensation for the calendar year ending with or within the organization's tax year		ation	
	(A) (B) Name and business address Description of ser	vices	(C Comper	

5	ection B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.								
	(A) Name and business address	(B) Description of services	(C) Compensation						

2	Total number of independent contractors (including but not limited to those listed above) who recompensation from the organization ▶ 0	eceived more than \$100,000 of	
			Form 990 (2018)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

25 Total functional expenses. Add lines 1 through 24e

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)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates . . .

expenses on Schedule O)

b Employee Training and r

c Subcription & Dues

e All other expenses

a Other expense

13 Office expenses .

15 Royalties .

20 Interest .

23 Insurance .

d

16 Occupancy . **17** Travel .

14 Information technology

Forr	n 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .	<u> </u>	<u> </u>	🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	13,255,616	13,255,616		
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,369,295	1,369,295		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	684,377	287,402	124,571	272,404
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	3,541,579	1,854,773	1,009,257	677,549
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	67,443	48,748	7,047	11,648
9	Other employee benefits	531,226	345,136	65,733	120,357
10	Payroll taxes	293,343	186,734	37,302	69,307
11	Fees for services (non-employees)				
ē	Management				
t	p Legal	32,195	18,948	11,845	1,402
c	: Accounting	33,600	19,774	12,362	1,464
ć	il Lobbying				
€	e Professional fundraising services See Part IV, line 17				
f	Investment management fees				
Õ	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	344,819	202,934	126,865	15,020
12	Advertising and promotion	344,733	210,674	36,163	97,896

109,728

386,063

221,833

403,544

123,293

114,250

24,061

21,880,998

47,088

260,173

116,415

193,126

52,909

63,765

10,325

18,543,835

58,839 56,948

60,266

62,835

66,113

18,333

12,902

1,767,381

3,801

68,942

45,152

147,583

4,271

32,152

1,569,782

Form **990** (2018)

Form 990 (2018)

31

32

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34

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments .		[6,745,853	2	8,544,111
	3	Pledges and grants receivable, net		,	13,793,094	3	10,081,373
	4	Accounts receivable, net			2,126,622	4	2,884,791
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L		5			
s	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L		6			
et	7	Notes and loans receivable, net	36,080,000	7	727,500		
Assets	8	Inventories for sale or use			8		
٩	9	Prepaid expenses and deferred charges	513,676	9	439,034		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,756,777			
	b	Less accumulated depreciation	10 b	2,659,001	1,307,539	10 c	1,097,776
	11	Investments—publicly traded securities .			103,151,202	11	50,341,739
	12	Investments—other securities See Part IV, line	11 .		28,119,919	12	24,888,555
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets		[14	
	15	Other assets See Part IV, line 11		[4,513,055	15	3,905,431
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	196,350,960	16	102,910,310
	17	Accounts payable and accrued expenses			1,051,018	17	1,830,460
	18	Grants payable			4,428,030	18	4,692,241
	19	Deferred revenue					
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D	57,191,776	21	9,057,740
ilities	22	Loans and other payables to current and former key employees, highest compensated employee					

	investments publicly traded securities	,		1
12	Investments—other securities See Part IV, line 11	28,119,919	12	24,888,555
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	4,513,055	15	3,905,431
16	Total assets.Add lines 1 through 15 (must equal line 34)	196,350,960	16	102,910,310
17	Accounts payable and accrued expenses	1,051,018	17	1,830,460
18	Grants payable	4,428,030	18	4,692,241
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
 21	Escrow or custodial account liability. Complete Part IV of Schedule D	57.191.776	21	9.057.740

Liab persons Complete Part II of Schedule L . . 22 36,080,000 727,500 23

23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24

Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D

98.750.824 26 Total liabilities. Add lines 17 through 25 . 26

16.307.941 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34.

Unrestricted net assets 51,749,745 45.990.332 27 27

28,936,745 28 34,143,099 28 Temporarily restricted net assets

29 Permanently restricted net assets 16,913,646 29

Net Assets or Fund Balances 6,468,938 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

30 Capital stock or trust principal, or current funds . . . 30

> 31 32

33

34

86,602,369

102,910,310

Form **990** (2018)

97,600,136

196,350,960

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 31-0537174

Name: Jewish Federation of Cincinnati

Form 990 (2018)

Farmer COO Davit III Line

Form 990, Part III, Line 4a:

The Federation conducts an annual fundraising campaign in the Greater Cincinnati area. After deducting estimated uncollectible pledges & administrative and fundraising costs, allocations are made to local and national beneficiary agencies. Commitments are made from the current year's campaign to these agencies.

Form 990, Part III, Line 4b: The Federation has a shared business service program where it provides accounting, human resource, and IT services to various Jewish agencies in the Cincinnati area. The Federation also has a security program providing security initiatives to five other Jewish agencies in the Cincinnati area

Form 990, Part III, Line 4c: The Federation administers an overnight camping and Israel travel grant program. Cincy Journeys helps every child attend overnight Jewish camp and every young adult travel and learn in Israel, giving them the skills, experience, and desire to become tomorrow's community leaders

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

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

	any hours	animatakan basasan basa						organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	organizations (W- 2/1099- MISC) 0	organization and related organizations
Elida Kamine Yamson Member - Joined 5/2018	0 80	х						0	0	0
Renee Kamrass Member - Term ended 4/18	0 80	х						0	0	0
Tedd Friedman Member	0 80	х						0	0	0
Donald Shuller	0 80									

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Member	
Donald Shuller	0 80
Member - Joined 5/2018	
Debbie Brant	0 80
Vice President	

Bonnie Ullner

Bret Caller

Trustee

Janet Cohen

Charles Frank

Bryna Miller

Member

Member - Term ended 4/18

Jewish Communal Partner Re - Term ended 4/18

...... Educational Partner Repres - Term ended4/18

and Independent Contractors

and Independent Contractors (A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer from the week (list from related compensation

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

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Elida Kamine Member - Term ended 4/18	0 80	X						0	0	0
Donald Shuller Member - Term ended 4/18	0 80	х						0	0	0
Beth Guttman Trustee - Term ended 4/18	0 80	x						0	0	0
Noah Stern Member	0 80	X						0	0	0
Jan Frankel Jewish Communal Partner Re - Term Ended 4/18	0 80	×						0	0	0
Gary Greenberg President	0 80	х		х				0	0	0
Craig Hoffheimer	0 80									

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Jan Frankel
Jewish Communal Partner Re - Term Ended 4/18
Gary Greenberg
President
Craig Hoffheimer

Congregational Partner Rep - Term Ended 4/18

Congregational Partner Rep - Term Ended 4/18

Yehiel Mickey Fishman

Mark Mayer

Mike Kadetz

Member - Joined 5/2018

Member - Term Ended 4/18

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

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

	any hours	and	a dır	ecto	r/tr	ustee)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Arna Poupko Fisher	0 80	x		×				0	0	0	
Vice President		,		^`					, and the second		
Marty Hiudt Vice President	0 80	x		x				0	0	0	
Mark Miller Community Wide Partner Rep	0 80	x						0	0	0	

Marty Hıudt	0 80	l x		×			٥	
Vice President		_ ^					ŭ	
Mark Miller	0 80	×					0	
Community Wide Partner Rep		, ,						
Mickey Fishman	0 80	×					0	
Mambar Tarm anded 4/19		I ^	l	İ	I		ı "l	

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and Independent Contractors

Lori Frischer

Rabbi Yıtzhak Goldstein

Member - Term ended 4/18

Member - Joined 5/2018

Member

Josh Blatt

Member

Zalmy Reisman

Mark Miller	0 80						
Community Wide Partner Rep		×			l o	0	
Mickey Fishman	0 80	.,					
Member - Term ended 4/18		×			U	0	
Marcie Bachrach	0 80	.,					
Vice President	•••••••	×	×		U	0	

Community Wide Partner Rep							
Mickey Fishman	0 80	×			0	0	
Member - Term ended 4/18		_ ^				3	
Marcie Bachrach	0 80	×	x		0	0	(
Vice President		^	^			3	
Marc Randolph	0 80	×			n	0	
Member		^			Ĭ	Ŭ	•

and Independent Contractors (A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the

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

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compensation

	any hours					ustee)		organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Josh Frankel Educational Partner Repres - Term ended 4/18	0 80	х						0	0	0	
Philip Cohen Trustee Emeriti - Term ended 4/18	0 80	х						0	0	0	
Rabbı Meredith Kahan Member/Rabbbınıc Represent - Term ended 4/18	0 80	X						0	0	0	
Todd Schild Member	0 80	X						0	0	0	
Jennifer Dauer	0 80	¥		v				0	0	0	

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Educational Partner Repres - Term ended 4/18

Vice President - Term ended 4/18

Suzy Marcus-Goldberg

Member

Suzette Fisher

Vice President

Sherri Symson

Vice President

Member

Ronna Schneider

Shimon Bachrach

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

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

	any hours					ustee		organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Scott Joseph Member - Term ended 4/18	0 80	х						0	0	0	
Jay Price Vice President - Term ended 4/18	0 80	х						0	0	0	
Scot Perlman Secretary/Treasurer	0 80	х		х				0	0	0	

Jay Price Vice President - Term ended 4/18	0 80				0	
Scot Perlman Secretary/Treasurer	0 80		×		0	
Sally Korkın	0 80				0	

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and Independent Contractors

Member - Term ended 4/18

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Ross Evans

Walter Spiegel

Vice President

Matt Rosensweet

Richard Weiland

Ariella Cohen

Michael Kadetz

Member - Joined 5/2018

Trustee Emeriti - Term ended 4/18

Vice President - Joined 5/18

Member - Joined 5/2018

Member

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation week (list person is both an officer from the from related compensation

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

and Independent Contractors

Member - Joined 5/2018

Member - Joined 5/2018

Member - Joined 5/2018

Member - Joined 5/2018

Alan Brown

Mike Maltinsky

Patti Heldman

	any hours and a director/trustee) organization organizations					from the				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Andy Abel Member - Joined 5/2018	0 80	x						0	0	0
Brooke Guigui Member - Joined 5/2018	0 80	х						0	0	0
	0.80							·		

Brooke Guigui	0 80	,				
Member - Joined 5/2018		×			0	_
John Cohen	0 80	×			0	_
Member - Joined 5/2018		^			9	
Shelly Gerson	0 80	,			0	
Memher					0	(

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John Cohen	0 80							
Member - Joined 5/2018		*				U	U	
Shelly Gerson	0 80	×				0	0	
Member								
Lız Vogel	0 80	,,						
		×	l	1 1		l o	U	

Shelly Gerson	0 80	_v				0	
Member		_ ^					
Lız Vogel	0 80	l			n	0	
Member - Joined 5/2018		^					
Joshua Frankel	0 80						

Liz Vogei		l _v			<u> </u>	0	<u> </u>
Member - Joined 5/2018		_ ^				0	
Joshua Frankel	0 80	×			0	0	
Member - Joined 5/2018		^				Ŭ	ĺ

							l	_
Joshua Frankel	0 80	1			0	0	C	-)
Member - Joined 5/2018								_
Meredith Kahan	0 80							_

0

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Average Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

any hours

and Independent Contractors

Chief Development Officer

Director of Community Buil

Chief Marketing Officer

Director of Planned Giving

Valerie Krueckeberg

Managing Director, SBS

Barb Miller

Pam Geller

Jim Friedman

Lindsey Wade

Chief of Staff

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

and a director/trustee)

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organization

141,418

120,306

114,806

122,745

109,421

organizations

from the

12,989

6,389

14,508

11,100

20,154

		l			•		′	1	44.000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Rebecca Goldwasser Member - Joined 5/2018	0 80	х						0	0	0
Renee Levy Member	0 80	х						0	0	0
Shepard Englander Chief Executive Officer	55 00			x				430,423	0	34,807
Danielle Minson	55 00			х				198,361	0	20,785

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efil	e GR/	APHIC pri	nt - DO NOT PROCESS	DLN: 9	DLN: 93493319080499			
SCI	HED	ULE A	Dublic	Charity Statu	e and Dul	hlic Sunn	ort	OMB No 1545-0047
(For	m 99		Complete if the	organization is a sect 4947(a)(1) nonexe Attach to Form	tion 501(c)(3) o empt charitable 990 or Form 99	organization of trust. 00-EZ.	r a section	2018
•			► Go t	o <u>www.irs.gov/Form</u>	<u>990</u> for the late	st information	•	Open to Public Inspection
Nam	e of th	ne organiza					Employer identific	cation number
							31-0537174	
							See instructions.	
1	ga2		•	•	•		(A)(i).	
2		,	·					
3					,			
4		·	·	-				inter the hospital's
-	Ш			acca in conjunction with	a nospital deseri	Section	170(b)(1)(A)(III)	inter the hospital's
5				efit of a college or unive	rsity owned or op	perated by a gov	vernmental unit descr	bed in section 170
6				or governmental unit de	escribed in sectio	on 170(b)(1)(A	۸)(v).	
7	\checkmark				s support from a	governmental (unit or from the gener	al public described in
8	Public Charity Status and Public Support Complete if the organization is a section 5016(2) organization or a section 1907(2) Poper to Public Charity Status (All organization or a section 1908 Poper to Public Charity Status (All organization swish federation of the Organization organization and the Arganization swish federation of Cincinnation Poper to Public Charity Status (All organizations must complete this part.) See instructions.							
9								lege or university or a
10		from activit	ies related to its exempt for income and unrelated bus	unctions—subject to cer siness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
11		An organiza	ation organized and operat	ed exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported organizations	s described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509 (a	
а		Type I. A so	supporting organization op n(s) the power to regularly	erated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	nt of the supporting organ	ization vested in the sar			• • • • •	~
С		Type III f	unctionally integrated. /	A supporting organizatio				ated with, its
d		Type III n functionally	on-functionally integrat integrated The organizat	t ed. A supporting organ ion generally must satis	ization operated fy a distribution	in connection wi	th its supported orga	1. 4
e		Check this	box if the organization rec	eived a written determir	nation from the I		/pe I, Type II, Type II	I functionally
f	Enter		• •		,			
g			_	<u> </u>	T'		,	
	(i) N			organization (described on lines 1- 10 above (see			monetary support	other support (see
					Yes	No		
Tota	<u> </u>							
		work Reduc	tion Act Notice, see the	Instructions for	Cat No 11285	SF.	 Schedule A (Form 9	90 or 990-F7) 2018

instructions

Page **2**

	(b)(1)(A)(ix) (Complete only if you che III. If the organization f						, under Part
S	Section A. Public Support	ans to quanty un	der the tests hat	ed below, please	e complete rait	111.)	
	Calendar year	(2) 2014	(b) 201E	(a) 2016	(d) 2017	(0) 2019	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received (Do not	(a) 2014 17,744,343	(b) 2015	(c) 2016 20,413,814	(d) 2017 18,704,385	(e) 2018 15,542,945	(f) Total 93,642,654
2	include any "unusual grant ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
4 5	the organization without charge Total. Add lines 1 through 3 The portion of total contributions by	17,744,343	21,237,167	20,413,814	18,704,385	15,542,945	93,642,654
	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						23,926,189
6	Public support. Subtract line 5 from line 4						69,716,465
S	ection B. Total Support	, ,					
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	17,744,343	21,237,167	20,413,814	18,704,385	15,542,945	93,642,654
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	707,771	725,638	1,095,624	1,992,935	2,718,463	7,240,431
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10		>				100,883,085
	Gross receipts from related activities,					12	3,816,711
13	First five years. If the Form 990 is f					_	nization,
	check this box and stop here					<u></u>	
	ection C. Computation of Publi						
	Public support percentage for 2018 (li			olumn (f))		14	69 110 %
	Public support percentage for 2017 Sc				4.4 22	15	67 600 %
16a	33 1/3% support test—2018. If the	_			14 is 33 1/3% or	more, check this b	
Ь	and stop here. The organization qual 33 1/3% support test—2017. If the	ne organization did	not check a box or	n line 13 or 16a, ai	nd line 15 is 33 1/	3% or more, check	_
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	t— 2018. If the orgon meets the "facts	ganization did not o -and-circumstance	heck a box on lines" test, check this	box and stop her	·e. Explain	▶⊔
b	organization 10%-facts-and-circumstances te 15 is 10% or more, and if the organi Explain in Part VI how the organization	zation meets the "f	acts-and-circumsta	nces" test, check	this box and stop	here.	▶□
18	supported organization Private foundation. If the organizat	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see	▶ □

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If
	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.))	
Se	ection A. Public Support		T	Г			1
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	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)						
Se	ection B. Total Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0	(or fiscal year beginning in) ► Amounts from line 6			. ,			
L0a	Gross income from interest,						
LUa	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı ı's fırst, second. th	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and stop here	.	,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
16	Public support percentage from 2017 S	ichedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investi	ment Income	Percentage				
17	Investment income percentage for 201			lıne 13, column (f))	17	
18	Investment income percentage from 2	017 Schedule A,	Part III, line 17			18	
	331/3% support tests—2018. If the		•	on line 14, and lir	ne 15 is more than		e 17 ıs not
	more than 33 1/3%, check this box and						▶□
	33 1/3% support tests—2017. If the						
J	not more than 33 1/3%, check this box	-			•		▶ □
20	Private foundation. If the organization	-	-				▶□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		
	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	art IV Supporting Organizations (continued)							
	cupper unit of game and (community)		Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?							
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the							
u	governing body of a supported organization?	11a						
h	A family member of a person described in (a) above?	11b						
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c						
	Section B. Type I Supporting Organizations	110						
	ection B. Type I Supporting Organizations		Yes	No				
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such							
	powers during the tax year	1						
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization							
	-							
5	section C. Type II Supporting Organizations		Yes	No				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		163	NO				
_	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1						
S	Section D. All Type III Supporting Organizations							
			Yes	No				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?)						
		1						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)							
		2						
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3						
S	ection E. Type III Functionally-Integrated Supporting Organizations							
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)						
	a The organization satisfied the Activities Test Complete line 2 below							
	b							
	c	ınstru	ctions)					
2	Activities Test Answer (a) and (b) below.							
	· , · ,		Yes	No				
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a						
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b						
3	Parent of Supported Organizations Answer (a) and (b) below.	20						
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a						
	 b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard 	26						

Schedule A (Form 990 or 990-EZ) 2018 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990 or 990-F7) 2018

a Applied to underdistributions of prior years

b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract

lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines

31 and 4c 8 Breakdown of line 7 a Excess from 2014.

Schedule A (Form 990 or 990-EZ) (2018)

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Additional Data

Software ID: Software Version:

EIN: 31-0537174

Name: Jewish Federation of Cincinnati

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Facts And Circumstances Test

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

SCHEDULE C (Form 990 or 990-

EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493319080499

Schedule C (Form 990 or 990-EZ) 2018

Cat No 50084S

Open to Public Inspection

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Jewish Federation of Cincinnati 31-0537174 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5

Grassroots ceiling amount

	•	under section 501(h)).	(a)	(b)	
or e ctiv		1 11 below, provide in Part IV a detailed description of the lobbying	Yes	No	Amou	ınt
L.		ration attempt to influence foreign, national, state or local legislation, blic opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Yes			
b	Paid staff or management (include cor	mpensation in expenses reported on lines 1c through 1i)?	Yes			
С	Media advertisements?			No		
d	Mailings to members, legislators, or th	he public?	Yes			
е	Publications, or published or broadcas	st statements?	Yes			
f	Grants to other organizations for lobb	lying purposes?	Yes			42,37
g	Direct contact with legislators, their st	taffs, government officials, or a legislative body?	Yes			2,23
h	Rallies, demonstrations, seminars, cor	nventions, speeches, lectures, or any similar means?	Yes			
i	Other activities?			No		
j	Total Add lines 1c through 1i					44,608
a	Did the activities in line 1 cause the or	rganization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax					
С	·	incurred by organization managers under section 4912				
	·	ection 4912 tax, did it file Form 4720 for this year?		Ī		
		nization is exempt under section $501(c)(4)$, section $501(c)$)(5), o	r section	1	
	501(c)(6).	(-)/(-)//	,(-,, -		-	
					Yes	No
L	Were substantially all (90% or more)	dues received nondeductible by members?		1		
2	Did the organization make only in-hou	use lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry ov	ver lobbying and political expenditures from the prior year?		3		
Par		nization is exempt under section $501(c)(4)$, section $501(c)(4)$ H Part III-A, lines 1 and 2, are answered "No" OR (b) Part)(6)
L	Dues, assessments and similar amoun	nts from members	1			
2	Section 162(e) nondeductible lobbying expenses for which the section 52	g and political expenditures (do not include amounts of political 27(f) tax was paid).				
а	Current year	••	2a			
b	Carryover from last year		2b			
c	Total		2c			
3	Aggregate amount reported in section	n 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4		on line 2c exceeds the amount on line 3, what portion of the excess does to the reasonable estimate of nondeductible lobbying and political	4			
5	Taxable amount of lobbying and politic	ical expenditures (see instructions)	5			
P	art IV Supplemental Informa	ation				
Pro	vide the descriptions required for Part I-	-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), implete this part for any additional information	Part II-	A, lines 1	and 2 (se	e
	Return Reference	Explanation				
		ected signatures, canvassed and held voter education forum in support of	f Ohio To	sue 1 Adv	vocated in	

support of various immigration policy. Advocated in support of various policy to protect the State of Israel and ensure a strong US- Israel relationship. Advocated in support of state and federal legislation to enhance programming and security funding for nonprofits and houses of worship. Advocated in support of state and federal legislation to enhance gun safety. Advocated in support of federal legislation to protect the social

service safety net Advocated in support of federal legislation to condemn antisemitism

SCHEDULE D

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

Supplemental Financial Statements

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

DLN: 93493319080499 OMB No 1545-0047

Inte

(Form 990)

2

2

ternal Revenue Service		► Go to <u>www.irs.</u>	► Go to www.irs.qov/Form990 for the latest information.					
Name of the organization Jewish Federation of Cincinnati				Employer identi	fication number			
Jew	isn rederation of Cini	cinnau		31-0537174				
Pa	rt I Organi:	zations Maintaining Donor Adv	ised Funds or Other Similar Funds or	Accounts.				
	Complet	e if the organization answered "Ye	, , ,		 			
	-		(a) Donor advised funds	(b)Funds an	d other accounts			
•	Total number at	•	139					
<u>.</u>		of contributions to (during year)	5,893,764					
		of grants from (during year)	9,350,735					
ŀ	Aggregate value	, ,	22,223,106					
; ;	organization's pr	operty, subject to the organization's ex	ors in writing that the assets held in donor adv kclusive legal control? onor advisors in writing that grant funds can b		✓ Yes ☐ No			
,			r or donor advisor, or for any other purpose co		sible Yes No			
Pa	till Conser	vation Easements. Complete if t	he organization answered "Yes" on Form	ı 990, Part IV, lın	e 7.			
	Purpose(s) of co	nservation easements held by the orga	nızatıon (check all that apply)					
	Preservation	n of land for public use (e g , recreatio	n or education) \qed Preservation of an I	historically importa	nt land area			
	☐ Protection	of natural habitat	Preservation of a ce	ertified historic stru	cture			
	☐ Preservation	n of open space						
2		e last day of the tax year	qualified conservation contribution in the form		e End of the Year			
а	Total number of	conservation easements		2a				
b	Total acreage res	stricted by conservation easements	Ī	2b				
С	Number of conse	rvation easements on a certified histor	ıc structure ıncluded ın (a)	2c				
d		rvation easements included in (c) acqu n the National Register	ired after 7/25/06, and not on a historic	2d				
3	Number of consetax year ▶	ervation easements modified, transferr	ed, released, extinguished, or terminated by t	he organızatıon duı	ring the			
Ļ	Number of state	s where property subject to conservation	on easement is located >					
5	Does the organizand enforcement	zation have a written policy regarding t t of the conservation easements it hold	he periodic monitoring, inspection, handling o s?	f violations,	Yes 🗆 No			
•	Staff and volunt	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year						
,	Amount of exper	nses incurred in monitoring, inspecting	handling of violations, and enforcing conserv	ation easements di	uring the year			
3	Does each conse) above satisfy the requirements of section 17		Yes 🗌 No			
)	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes							
ar	t IIII Organiz		of Art, Historical Treasures, or Othe	er Similar Asset	:S.			
.a	If the organization art, historical tre	easures, or other similar assets held for	16 (ASC 958), not to report in its revenue state public exhibition, education, or research in fu					
b	provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items							
(_	ed on Form 990, Part VIII, line 1		▶ \$				
		ın Form 990, Part X		• ¢				
· ('	If the organization	,	ical treasures, or other similar assets for finan 116 (ASC 958) relating to these items	cıal gaın, provide t	he			
а	-	d on Form 990, Part VIII, line 1	zzz (.s.c sec) , c.zg to these items	> \$				
		ın Form 990, Part X		▶ \$				

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Coll	lections of	Art, Histo	rical T	reas	ures, or	Other	Similar As	sets (con	tinued)	
3		Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)											
а		Public exhibition d Loan or exch					n or excha	ange programs					
b		Scholarly research e Other											
С		Preservation for future	e generations										
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII											
5		During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No											
	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.												
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No												
b	If "Yes," explain the arrangement in Part XIII and complete the following table						nount						
С		ning balance		'		-			1c	57,191,776			
d	_	ions during the year							1d	40,730,354			
е	Dıstrıl	butions during the year	r						1e	88,864,390			
f		g balance							1f	9,057,740			0
2a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes							0					
b	If "Ye	s," explain the arrange	ment in Part XIII	Check here if	f the explana	ation ha	s beer	n provided	l in Part)	KIII			
Pa	rt V	Endowment Fund	ds. Complete ıf	the organiza	ation answ	ered "Y	es" o	n Form 9	990, Par	t IV, line 10	0.		
				(a)Current y	ear (b	Prior yea	ar	(c)Two ye	ars back	(d)Three year	rs back (e) Four yea	rs back
1a	Beginn	ing of year balance .		53,61	.8,756	47,36	0,685	4:	3,852,149	45,2	227,770	34,	017,840
b	Contrib	outions			35,500		0,557		3,672,601		89,998		237,176
C	Net inv	estment earnings, gair	ns, and losses	-3,28	36,295	6,71	8,655		1,930,543	-1,8	343,495	1,	203,667
d	Grants	or scholarships	•	1,90	9,147	2,22	1,141						
е		expenditures for facilitie ograms	es					:	2,094,608	2,2	222,124	2,	230,913
f	Admini	Administrative expenses											
g	End of	End of year balance			50,558,814 53,618,756 47,360,685			43,852,149 45,227,770			227,770		
2		de the estimated perce	=	-	alance (line	1g, colu	ımn (a	a)) held as	5				
а	Board	l designated or quasi-e		44 000 %									
b	Perma	anent endowment 🕨	28 000 %										
C	Temporarily restricted endowment ▶ 28 000 %												
_		ercentages on lines 2a											
3a		nere endowment funds lization by	not in the posses:	sion of the org	janization tr	at are r	ieia ar	na aaminis	sterea roi	r tne		Yes	No
	_	related organizations									3a(i		No
	(ii) re	elated organizations .									3a(ii)	No
b	If "Ye	s" on 3a(II), are the re	lated organization	s listed as req	juired on Scl	nedule F	۱۶۶				3b		
4	Descr	ibe in Part XIII the inte	ended uses of the	organization's	endowmen	t funds							
Pa	rt VI	Land, Buildings,											
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value												
	Descri	ption of property	(a) Cost or oth (investme		COSL OF OTH	ei DdSIS (outer)	(c) Acct	iniuiateu 0	ергестацоп	(a)	DOOK VAIU	e
1a	Land					6	70,587	,					670,587
b	Building	gs				1,1	32,244	ı		1,081,271			50,973
С	Leaseh	old improvements				3	15,122	2		188,920			126,202
	Egupp	·		 		1 6	26 950	1		1 387 162			230 707

11,865

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

10,217

1,648

	Investments—Other Securities. Complete if th	ie organization answe	ered "Yes" on Form 9	90, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book value	• •	od of valuation if-year market value
(1) Financia	derivatives			. , ,
(3) Other (A) Other inv		24,888,555		F
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.	24,888,555		
Part VIII	Complete if the organization answered 'Yes' on F			
	(a) Description of investment	(b) Book value		od of valuation f-year market value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. Complete if the organization answered (a) Description		IV, line 11d See Form	990, Part X, line 15 (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
Total (Colum	mn (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. Complete if the organization a		m 990, Part IV, line 1	
1.	See Form 990, Part X, line 25. (a) Description of liability	(b) Boo	ok value	
(1) Federal II	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		
	or uncertain tax positions. In Part XIII, provide the text of			

Part XI

Part XII

1

2

d

3

b

5

Part XIII

See Additional Data Table

2

b

Schedule D (Form 990) 2018

Page 4

-9,740,339 20,623,570

20,623,570

21,880,998

21,880,998

21.880.998

Schedule D (Form 990) 2018

0

_	
4	Amounts included on Form 990, Part VIII, li
а	Investment expenses not included on Form
b	Other (Describe in Part XIII)

Donated services and use of facilities .

Prior year adjustments

е	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, li
а	Investment expenses not included on Form
b	Other (Describe in Part XIII)
С	Add lines 4a and 4b
5	Total revenue Add lines 3 and 4c. (This mu

Other (Describe in Part XIII) .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

Other (Describe in Part XIII)	2d			-6
Add lines 2a through 2d				
Subtract line 2e from line 1				
Amounts included on Form 990, Part VIII, line 12, but not on line 1				
Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
Other (Describe in Part XIII)	4b			
Add lines 4a and 4b	· .			
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				
t XII Reconciliation of Expenses per Audited Financial Statem				ses
Complete if the organization answered 'Yes' on Form 990, Part	: IV, lı	ne 12a	ì	
Total expenses and losses per audited financial statements				

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b**

Supplemental Information

Donated services and use of facilities

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2a

2b

2c

2a 2b

2c

2d

4a

4b

Explanation

	2d		-601,501					
		•						2e
								3
ıne 1								
. 7b .	4a							
	4b							
								4c
, Part I, line 12)								5
ancial Statem	ents	With	ı E>	феі	nse	s p	er R	eturi
Form 990, Part	· TV II	ne 1	2a.					

2e

3

4c

5

-9.138.838

3	
4c	
40	
5	
turi	n.
1	

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID:

Software Version: EIN: 31-0537174

Name: Jewish Federation of Cincinnati

Return Reference Explanation

Part IV, Line 1b

The Federation regularly collaborates with other local Jewish agencies to facilitate their fundraising campaigns, as well as serving as the custodian and managers of a pooled investment account

Supplemental Information	
Return Reference	Explanation
Part V, Line 4	Designated funds are for capital repairs and replacement for Jewish agencies. Term endowme nts are for education, awards and general support. Permanent endowment funds are used for education and general support.

Sι

Supplemental Information	
Return Reference	Explanation
Part X, Line 2	The Federation is exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of Ohio law. However, the Federation is subject to federal income tax on any unrelated business taxable income. The Federation's IRS Form 990 is subject to review and examination by federal and state authorities. The Federation believes it has ap propriate support for any tax positions taken, and therefore, does not have any uncertain income tax positions that are material to the financial statement.

Supplemental Information Return Reference Explanation Part XI, Line 2d - Other Gain in beneficial int in trust -389,417 Gain on charitable gift annuities -230,125 Change in CSV of life Adjustments ınsurance 18.041

efile GRAPHIC print - DO NOT PROC			PROCESS	As Filed Data	-		DLN:	93493319080499
	EDULE F m 990)	State	ement of	Activities (Outside the Uni	ited St	tates	OMB No 1545-0047
(1 011	555)	·	-	► Attach t	Yes" to Form 990, Part IV, I to Form 990.			2018
•	ment of the Treasury Revenue Service	•	• Go to www.irs	a.gov/Form990 for ⊪	nstructions and the latest ii	nformation) .	Open to Public Inspection
	of the organization r Federation of Cincir	nnatı					Employer ider 31-0537174	tification number
Par		Iformation Part IV, line		s Outside the U	Jnited States. Comple	te if the	organization a	nswered "Yes" to
1	_	ne grantees'	eligibility for t		substantiate the amount stance, and the selection	_		☐ Yes ☐ No
2	For grantmakers outside the United		Part V the org	ganızatıon's proce	dures for monitoring the	use of its	s grants and ot	her assistance
3	Activites per Region	(The following	ng Part I, line 3	table can be dupli	cated if additional space is	needed)		
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	program spe	rity listed in (d) is a service, describe cific type of e(s) in region	(f) Total expenditures for and investments in region
(1)	See Add'l Data				,			
(2)								
(3)								
(4)								
(5)								
Ь	Sub-total Total from continuati Part I	on sheets to		0 0				22,991,651 0
c ·	Totals (add lines 3a	and 3b)		0 0				22,991,651

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2018

(2) (3) (4)

(5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14)

(15) (16) (17) (18) Page 3

Schedule F (Form 990) 2018

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (c) Number of (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

(1)

Schedule F (Form 990) 2018			
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Instructions for Form 6005)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713, don't file with Form 990)	☐ Yes	✓ No

scneaule Fi	(Form 990) 2018	Page
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method expenditures per region); Part II, line 1 (accounting method); Part III (accounting mn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation

Schedule F (Form 990) 2018

Additional Data

Europe (Including Iceland &

Greenland)

Software ID: Software Version:

EIN: 31-0537174

Name: Jewish Federation of Cincinnati

17,791,395

Form	990	Schedule	F Part I	- Activities	Outside	The United States	

(a) Region	offices in the region	employees or agents in region	in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Alternative Investment		5,200,256

0 Alternative Investment

(a) Region	(b) Number of	(c) Number of	(d) Activities conducted	(e) If activity listed in (d)
	offices in the	employees or	ın region (by type) (ı e ,	is a program service,
	region	agents in	fundraising, program	describe specific type of

DLN: 93493319080499 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Jewish Federation of Cincinnati 31-0537174 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Page **2**

(5) (6)

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

Schedule I (Form 990) 2018

(7) 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 Every agency/organization that requests funding from the Jewish Federation of Cincinnati completes a 25-question form about the outcomes of their program and the Part I, Line 2 population served. They are also required to attach the following information. A) Agency Mission Statement B) Current listing of Agency's Board of Directors C) IRS agency, you may submit their budget form) E) Actual program budget for 2018 or last completed fiscal year F) Estimated program budget for the rest of 2018 of program application) I) A copy of their audited financial statements from their most recently completed and immediately prior fiscal years (only submit one copy) II Councils made up of community volunteers make site vistis to all of the local agencies/organizations that have applied for funding III On the basis of the applications and site visits, every program is evaluated on a weighted point system that reflects the community priorities and the service expectations. IV. Based on the point

Letter indicating tax-exempt status D) Projected program budget for 2018 or 2019 fiscal year (including overhead) detailed by major line item (if you are a United Way current fiscal year G) Explanation of what is included in overhead and how overhead is distributed to individual programs (e.g. equal to \$'s to each program, same % of revenue to each program, same % of direct program expenses to each program, other) H) Overall organization's corresponding fiscal year budget (attached to each system scores and on the community priorities, funding recommendations are made by the Planning and Allocation Committee to the Board of Trustees V The Board of Trustees of the Jewish Federation of Cincinnati approves all funding allocations. Jewish Federation of Cincinnati reports grants on Schedule I to the Jewish Federations of North America (JFNA), which is a 501(c)(3) domestic U.S. charity. In addition, JFNA, and its beneficiary agencies, United Israel Appeal (UIA), a subsidiary of JFNA, and the American Jewish Joint Distribution Committee (JDC) - both 501(c)(3) organizations - each file a separate Form 990 and detailed Schedules F Schedule I (Form 990) 2018

Additional Data

4710 Timber Trail Dr Middletown, OH 45044

4506 Chester Avenue Cleveland, OH 44103

ACLU

		Software ID:					
		Software Version:					
		EIN:	31-0537174				
	Name:	Jewish Federation o	of Cincinnati				
Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	c Governments.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

5,000

12,300

General Support

General Support

organization or government		іт арріісаріе
ABILITIES FIRST FOUNDATION INC	31-0620685	501 (c) (3)

23-7137105

501 (c) (3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 72-1538105 501 (c) (3) 25.000 General Support ACOUSTIC NEW WORD TRADITIONS L C/O MANN - 400 WEST 43RD ST NO 26N

General Support

232,587

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

501 (c) (3)

NEW YORK, NY 100360000
Adath Israel Congregation

3201 East Galbraith Road Cincinnati, OH 45236 31-0537489

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance neral Support

Addiction Services Council 2828 Vernon Place Cincinnati, OH 45219	31-6059934	501 (c) (3)	5,000		General Support
Admiral's Cove Foundation	59-3786373	501 (c) (3)	20,500		General Support

200 Admirals Cove Boulevard

Jupiter, FL 33477

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance AGUDATH ISRAEL OF AMERICA 13-5604164 501 (c) (3) 5.000 General Support INC

American Friends of Magen Davi

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

3175 Commercial Ave Ste 101 Northbrook, IL 60062

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance American Jewish Committee 13-5563393 501 (c) (3) 29.065 General Support 165 E 56th St

General Support

33,750

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

501 (c) (3)

New York, NY 10022

American Jewish Joint
Distribution

220 E 42nd St Ste 400 New York, NY 10017 13-1656634

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ArtsWave 31-0537138 501 (c) (3) 15.125 General Support 20 E Central Parkway Suite 200 Cincinnati, OH 45202 ATRIUM MEDICAL CENTER 31-1079213 501 (c) (3) 5.000 General Support

FOUNDATI

110 N Main St Ste 500 Dayton, OH 45402

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Ballen Isles Foundation 13-1656634 501 (c) (3) 6.500 General Support 100 Ballen Isles Dr Palm Beach Gardens, FL

100 Ballen Isles Dr
Palm Beach Gardens, FL
33418

Beth Adam Inc 31-0993285 501 (c) (3) 26,950 General Support

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

10001 Loveland-Madeira Road Loveland, OH 45140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Beth Israel Synagogue 31-0708269 501 (c) (3) 15.535 General Support

50 North Sixth Hamilton, OH 45011

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

Cincinnati, OH 45203

Boys & Girls Clubs of Cincinna 81-1620541 501 (c) (3) 36,700 General Support 600 Dalton Ave

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

Camp Ashreinu 6700 Elbook Ave Cincinnati, OH 45237	31-1435998	501 (c) (3)	20,000		General Support
Camp Chabad	31-0163231	501 (c) (3)	33,500		General Support

1863 Section Road Cincinnati, OH 45237

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 31-6050765 501 (c) (3) 86.897 General Support Camp Livingston 8485 Ridge Road Cincinnati, OH 45236

General Support

8,600

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

501 (c) (3)

CINCINNATI, OH 45236

CAMP YOUNG JUDAEA
MIDWEST INC

60 Revere Dr Ste 800 Northbrook, IL 60062 39-1672846

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 31-1287785 501 (c) (3) 15.000 General Support Cancer Support Community 1050 17th St NW Suite 500 Washington, DC 20036 31-1287785 501 (c) (3) 6.750 General Support Cancer Support Community

(Cincinnati) 4918 Cooper Road Cincinnati, OH 45242

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-2598846 501 (c) (3) 40.612 General Support Cedar Village Foundation 5467 Cedar Village Drive Mason, OH 45040 20-5090993 501 (c) (3) 2.165.760 General Support

The Nancy and David Wolf
Holocaust & Humanity Center
1301 Western Avenue Ste
2101

Cincinnati, OH 45203

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 22-3796223 501 (c) (3) 29.000 General Support Chabad Jewish Center 3977 Hunt Road 20-5197484 501 (c) (3) 6.900 General Support

Cincinnati, OH 45236 CHABAD OF PALM BEACH GARDENS 6100 PGA Blvd Palm Beach Gardens, FL

33418

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 26-1576111 501 (c) (3) 30.000 General Support

Chabad of South Tampa 2511 West Swann Ave 201 Tampa, FL 33609

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

Cincinnati, OH 45237

Chabad of Southern Ohio 31-0163231 501 (c) (3) 9,100 General Support 7560 Reinhold Drive

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 81-1070418 501 (c) (3) 11.500 General Support CHABAD SERVING ELON AND SURROU

SURROU
107 Truitt Dr
Elon, NC 27244

Childrens Hospital Foundation 31-1327089 501 (c) (3) 306,000

General Support

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

3333 Burnet Ave Cincinnati, OH 45229

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 31-0536653 501 (c) (3) 15.540 General Support

Cincinnati Art Museum 953 Eden Park Drive Cincinnati, OH 45202

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

1555 Central Pkwv Cincinnati, OH 45214

Cincinnati Ballet Co Inc. 31-6050354 501 (c) (3) 25,200 General Support

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CINCINNATI BASEBALL 20-0855857 501 (c) (3) 5.000 General Support MUSEUM

100 Joe Nuxhall Way Cincinnati, OH 45202					
CINCINNATI CENTER CITY DEVELOPMENT 1203 WALNUT STREET 4TH FLOOR	20-0446324	501 (c) (3)	10,000		General Support

Cincinnati, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Cincinnati Children's Hospital 31-0833936 501 (c) (3) 60.040 General Support Medical Center

General Support

68.621

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

501 (c) (3)

3333 Burnet Ave						
Cincinnati, OH 45229						
Cincinnati Community Kollel						

PO Box 37145 Cincinnati, OH 45222 31-1426973

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

Cincinnati Hebrew Day School 2222 Losantiville Road Cincinnati, OH 45237	31-0544741	501 (c) (3)	124,840		General Support
Cincinnati Opera	31-0549044	501 (c) (3)	12,100		General Support

1243 Elm St Cincinnati, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 31-1410636 501 (c) (3) 4.120 General Support Cincinnati Public Radio

1223 Central Parkway
Cincinnati, OH 45202

Cincinnati Reds Community
Fund
100 Joe Nuxhall Way

Solution

123 Central Parkway

19,000

General Support

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

Cincinnati, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 31-0536655 501 (c) (3) 22.790 General Support Cincinnati Union Bethel 2401 Reading Road Cincinnati, OH 45202

General Support

11.000

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

501 (c) (3)

Cincinnati USA Regional Chamber

Cincinnati, OH 45202

3 E 4th St

23-7089617

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

Congregation Etz Chaim 1190 Indian Hills Pkwy Marietta, GA 30068	58-1245765	501 (c) (3)	29,730		General Support
Congregation Sha'arei Torah	45-1263585	501 (c) (3)	96,117		General Support

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

2400 Section Road Cincinnati, OH 45237

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Congregation Zichron Eliezer 20-5581301 501 (c) (3) 29,376 General Support 2455A Section Road

7,150

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

501 (c) (3)

Crayons to Computers

1350 Tennessee Avenue Cincinnati, OH 45229

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

DePaul Cristo Rey High School	27-2417727	501 (c) (3)	21,100		General Support
1133 Clifton Hills Ave					
Cincinnati, OH 45220					

4,800

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

501 (c) (3)

ELON UNIVERSITY

PO Box 398 Elon, NC 27244

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance F1C - A Foundation of Donor A 13-3848582 501 (c) (3) 10.000 General Support 520 Eighth Avenue 20th Floor

23,500

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

501 (c) (3)

New York, NY 10018
FreeStoreFoodBank

1141 Central Parkway Cincinnati, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 31-0628603 501 (c) (3) 6.200 General Support Golf Manor Synagogue 6442 Stover Avenue Cincinnati, OH 45237 Greater Cincinnati Blues 31-1311304 501 (c) (3) 9,500 General Support

Society PO Box 6098 Cincinnati, OH 45206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Hadassah 13-1656651 501 (c) (3) 5.700 General Support

Hadassan 13-1656651 501 (c) (3) 5,700 General Support PO Box 42396 Cincinnati, OH 45242 Solution House 31-1073702 501 (c) (3) 10,000 General Support

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

4680 Hunt Road Cincinnati, OH 45242

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Hebrew Theological College 36-2167095 501 (c) (3) 15.000 General Support

36,040

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

501 (c) (3)

7135 N Carpenter Road Skokie, IL 60077 Hebrew Union College

3101 Clifton Avenue Cincinnati, OH 45220

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance HIAS 13-5633307 501 (c) (3) 5.980 General Support 1300 Spring Street

108,374

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

501 (c) (3)

Silver Springs, MD 20910

Hillel Foundation at Miami
University
11 E Walnut Street

Oxford, OH 45056

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance eneral Support

Hillel the Foundation for Jewish	38-6119964	501 (c) (3)	5,600		Gen
Campus Life 1429 Hill Street					
Ann Arbor, MI 48104					

228,696

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

501 (c) (3)

31-6068733

Hillel Cincinnati

2615 Clifton Avenue Cincinnati, OH 45220

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 20-2804389 501 (c) (3) 5.000 General Support Hillel Indiana Universtiry 730 E Third Street

17,000

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

501 (c) (3)

Bloomington, IN 47401
INDIAN HILL FOUNDATION

6855 Drake Rd Cincinnati, OH 45243

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance INNER FIRE 46-1542395 501 (c) (3) 65.000 General Support

26 Parker Rd Brookline, VT 053459793

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

Cincinnati, OH 45236

Isaac M Wise Temple 31-0536987 501 (c) (3) 151,756 General Support 8329 Ridge Road

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 51-0181215 General Support

Israel Cancer Research Fund 501 (c) (3) 5.000 52 Vanderbuilt Ave Suite 1510 New York, NY 10017

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

4200 N University Drive Sunrise, FL 33351

JAFCO 65-0334267 501 (c) (3) 6,100 General Support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 31-0536986 501 (c) (3) 1,501,531 General Support Jewish Community Center 8485 Ridge Road

14,000

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

501 (c) (3)

Cincinnati, OH 45236

3400 Montgomery Road Cincinnati, OH 45207 38-3711514

JCGC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance JEEP 20-4016862 501 (c) (3) 36,329 General Support

1995 Section Road Cincinnati, OH 45237					
Jewish Community Foundation	95-2504044	501 (c) (3)	10,000		General Support

4950 Murphy Canyon Rd

San Diego, CA 92123

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Jewish Discovery Center 31-1566575 501 (c) (3) 25,500 General Support

 Jewish Discovery Center
 31-1566575
 501 (c) (3)
 25,500
 General Support

 7587 Central Park Blvd
 Mason, OH 45040
 501 (c) (3)
 1,430,665
 General Support

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

8487 Ridge Road Cincinnati, OH 45236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Jewish Federation of Collier 59-2151725 501 (c) (3) 27.000 General Support

County 2500 Vanderbuilt Beach Road Naples, FL 34109					
Jewish Federation of Nashville	62-6077703	501 (c) (3)	5,000		General Support

801 Percy Warner Blvd Ste 102

Nashville, TN 37205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Jewish Federation of Palm 59-0948696 501 (c) (3) 16.600 General Support

78.428

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

501 (c) (3)

Beach
4601 Community Drive
West Palm Beach, FL 33417
Jewish National Fund

42 East 69th Street New York, NY 10021

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26 2467024 EQ4 () (Q) 40 000 Support

JEMISH ONLIED FOND OF	36-216/034	[501 (c) (3)	18,000		General St
METROPOL					
30 S Wells St					
Chicago, IL 60606					

1.952.059

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

501 (c) (3)

JFNA

25 Broadway STE1700 New York, NY 100041010

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 26-2091358 501 (c) (3) 457,455 General Support

JVS Career Services 4540 Cooper Rd Suite 300 Cincinnati, OH 45242

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

Oakland, CA 94612

KIPP BAY AREA SCHOOLS 20-5010766 501 (c) (3) 20,000 General Support 1404 Franklin Street Suite 500

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 47-4452384 501 (c) (3) 6.500 General Support LA SOUPE INC 4150 Round Bottom Road Cincinnati, OH 45244

6,000

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

501 (c) (3)

06-1708088

LIFE ENRICHING

COMMUNITIES FOUNDATION 9840 Montgomery Road Cincinnati, OH 45242

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

Lighthouse Youth Services Inc 401 E McMillan St Cincinnati, OH 45206	23-7046229	501 (c) (3)	5,650		General Support
Magen David Adom USA	36-2443175	501 (c) (3)	30,974		General Support

3175 Commercial Ave Ste 101 Northbrook, IL 60062

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-7082731 501 (c) (3) 875.813 General Support MORGAN STANLEY GLOBAL IMPACT F 2000 Westchester Ave. Purchase, NY 10577 Most Valuable Kids of Greater 20-2984595 501 (c) (3) 8.300 General Support

Cincinnati

4623 Wesley Ave Suite F Cincinnati, OH 45212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Mount Sinai Medical Center Inc. 13-6271888 501 (c) (3) 12.000 General Support One Gustave L Levy Place Box

1049 New York, NY 10029 MUSIC HALL REVITALIZATION 27-3055959 501 (c) (3) 5.000 General Support COMP

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

650 Walnut Street Cincinnati, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Northern Hills Synagogue 31-0673600 501 (c) (3) 32.780 General Support 5714 Fields Ertel Road Cincinnati, OH 45249

19,500

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

501 (c) (3)

Ohio Innocence Project

Cincinnati, OH 45221

210040

UC College of Law PO Box

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

Ohio Jewish Communities 50 W Broad Street 1815 Columbus, OH 43215	31-1042915	501 (c) (4)	42,374		General Support
Ohio Sled Hockey Inc	20-1491128	501 (c) (3)	8,000		General Support

4464 Wrens Nest Dr New Albany, OH 43054

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

Pittsburgh Jewish Community 234 McKee Place Pittsburgh, PA 15213	25-1094514	501 (c) (3)	77,467		General Support
Planned Parenthood Federation	13-1644147	501 (c) (3)	6,000		General Support

434 West 33rd St New York, NY 10001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Planned Parenthood Southwest 31-0536688 501 (c) (3) 9.806 General Support Ohio

13.000

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

501 (c) (3)

2314 Auburn Avenue
Cincinnati, OH 45219

Prostate Cancer Foundation 95-4418411

1250 Fourth Street Santa Monica, CA 90401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 31-0543299 501 (c) (3) 32.810 General Support

Rockdale Temple 8501 Ridge Road Cincinnati, OH 45236

1.063,680

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

501 (c) (3)

Rockwern Academy

8401 Montgomery Road Cincinnati, OH 45236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Denald McDenald Harres 21 006 5222 EO1 (-) (2) 0.450 General Support

Ronald McDonald House	1 21-0302333	501 (c) (3)	0,450		General .
Charities		1			
350 Erkenbrecher Ave					
Cincinnati, OH 45229					

501 St Jude Place Memphis, TN 38105

8.500 Saint Jude Childrens Hospital 62-0646012 501 (c) (3) General Support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Seven Hills School 31-0536666 501 (c) (3) 20.900 General Support

 Seven Hills School
 31-0536666
 501 (c) (3)
 20,900
 General Support

 5400 Red Bank Road
 Cincinnati, OH 45227
 Tincinnati, OH 45227
 General Support

 Society of St Vincent de Paul
 31-0537510
 501 (c) (3)
 11,000
 General Support

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

1125 Bank St Cincinnati, OH 45214

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 31-0537147 501 (c) (3) 5.000 General Support

ST JOSEPH ORPHANAGE 31-0537147 501 (c) (3) 5,000 General Support 5400 EDALBERT DR Cincinnati, OH 452397604 Stanford University 94-1156365 501 (c) (3) 5,000 General Support

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

PO Box 20466 Stanford, CA 94309

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 31-0713350 501 (c) (3) 19,496 General Support

Talbert House 2600 Victory Parkway Cincinnati, OH 45206

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

1100 Main Street Suite 100 Cincinnati, OH 45202

Teach For America Inc. 13-3541913 501 (c) (3) 10,000 General Support

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Temple Sholom 31-0584318 501 (c) (3) 35.063 General Support 3100 Longmeadow Lane

3100 Longmeadow Lane
Cincinnati, OH 45236

Trustees Of Columbia 13-5598093 501 (c) (3) 20,000
University
475 Riverside Dr Mail Code

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

7724

New York, NY 10115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance United Way of Greater 31-0537502 501 (c) (3) 150.800 General Support Cincinnati PO Box 632711 Cincinnati, OH 45263 University of Cincinnati 31-6000989 501 (c) (3) 147.255 General Support

Foundation PO Box 210172 Cincinnati, OH 45221

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance University of South Florida 59-0879015 501 (c) (3) 5,000 General Support Foundation

Tampa, FL 33620				
Alumnı Center				
Gıbbons				
4202 E Fowler Avenue ALC100				
i odildation				

501 (c) (3) 34,905 Valley Temple 31-0744533

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

Cincinnati, OH 45215

General Support 145 Springfield Pike

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 52-1376034 501 (c) (3) 10.000 General Support WASHINGTON INSTITUTE FOR NEAR

1828 L Street NW 1050 Washington, DC 20036 Wilkes Community College 23-7338790 501 (c) (3) 5.200

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

General Support Endowment Po Box 120 Wilkesboro, NC 28697

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 20-0071689 501 (c) (3) 10.000 General Support

Workum 11959 Timberlake Drive

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

3800 Victory Parkway Cincinnati, OH 45207

Cincinnati, OH 45249 Xavier University 31-0537516 501 (c) (3) 9,333 General Support

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

501 (c) (3) 9.700 General Support YWCA of Cincinnati 31-0537178

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

1105 Elm Street Cincinnati, OH 45210

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data -	DLN: 934	9331	9080	499	
Schedule J (Form 990)		Compensation Informat	ion om	OMB No 1545-0047			
		For certain Officers, Directors, Trustees, Key Emplo					
		Compensated Employees ▶ Complete if the organization answered "Yes" on Forn	2018				
_		► Attach to Form 990.			to Pul		
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.qov/Form990</u> for instructions and th			ectio		
	me of the organiza		Employer identificati	ion nu	ımber		
Jew	ish rederation of Cin	Chinaci	31-0537174				
Pa	rt I Questi	ons Regarding Compensation					
					Yes	No	
1a		epiate box(es) if the organization provided any of the following to or for ection A, line 1a Complete Part III to provide any relevant information					
			or residence for personal use				
	_	·	ess use of personal residence				
			dues or initiation fees				
	Discretion	ary spending account \square Personal services (e	g , maid, chauffeur, chef)				
b		xes in line 1a are checked, did the organization follow a written policy ill of the expenses described above? If "No," complete Part III to expla		1 b	Yes		
2		ation require substantiation prior to reimbursing or allowing expenses		2	Yes		
	directors, truste	es, officers, including the CEO/Executive Director, regarding the items	s checked in line 1a?				
3		If any, of the following the filing organization used to establish the cor					
	_	EO/Executive Director Check all that apply Do not check any boxes f ed organization to establish compensation of the CEO/Executive Direct					
	✓ Compens	ation committee	t contract				
	_ '	ation committee Written employment Ent compensation consultant Compensation surve					
		· · · · · · · · · · · · · · · · · · ·	ard or compensation committee				
4	During the year	, did any person listed on Form 990, Part VII, Section A, line 1a, with	·				
	related organiza	tion					
а		ance payment or change-of-control payment?		4a		No	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			4b 4c		No No	
С	c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						
	1. 100 to any t	in the start of the persons and provide the applicable amounts for e					
	Only 501(c)(3), $501(c)(4)$, and $501(c)(29)$ organizations must complete line	:s 5-9.				
5		ed on Form 990, Part VII, Section A, line 1a, did the organization pay ontingent on the revenues of	or accrue any				
а	The organization	٦٦		5a		No	
b	Any related orga			5b		No	
_	-	5a or 5b, describe in Part III					
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay of ontingent on the net earnings of	or accrue any				
а	The organization			6 a		No	
b	Any related orga			6b		No_	
_	•	6a or 6b, describe in Part III					
7	payments not d	ed on Form 990, Part VII, Section A, line 1a, did the organization provescribed in lines 5 and 6? If "Yes," describe in Part III		7		No	
8		nts reported on Form 990, Part VII, paid or accured pursuant to a con nitial contract exception described in Regulations section 53 4958-4(a)		8		No	
9	If "Yes" on line 8 53 4958-6(c)?	8, did the organization also follow the rebuttable presumption procedu	ire described in Regulations section	9			
For I	Danarwark Badı	iction Act Notice, see the Instructions for Form 990.	Cat No 50053T Schedule J	/Earn	. 000)	2018	

			/ Employees, and Hig					
instructions, on row (ii)	Do no	ot list any individuals that	ted on Schedule J, report are not listed on Form 99	90, Part VII		_	ions, described in the) and (E) amounts for tha	t individual
(A) Name and Title	13 (3		of W-2 and/or 1099-MISo (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Shepard Englander Chief Executive Officer		364,442	32,985	32,996	15,497	19,310	465,230	0
Sinoi Executivo Sinosi	(ii)	0	0	0	0	0	0	0
2 Danielle Minson Chief Development Officer	(i)	178,361	20,000	0	9,570	11,215	219,146	0
	(ii)	0	0	0	0	0	0	0
3 Barb Miller Director of Community Buil	(i)	141,418	0	0	7,093	5,896	154,407	0
	(ii)	0	0	0	0	0	0	0

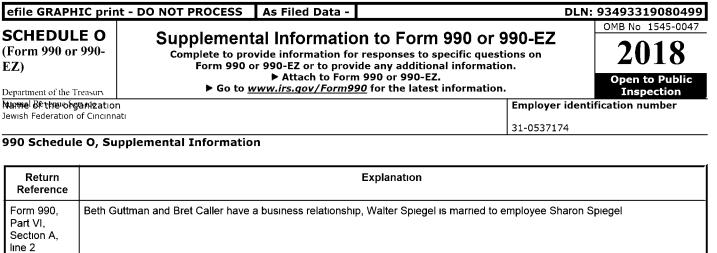
Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

efile GRAPHI	C print - DO NO	T PROCES	S As Fi	led Data -					DL	.N: 93	4933	190804
Schedule L Form 990 or 990	I-EZ) ► Comple			ns with li				25a, 2	25b, 20		MB No	1545-004
Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. ►Go to www.irs.gov/Form990 for the latest information.								2018				
epartment of the Treaternal Revenue Serv	l l	₽G0 t	o <u>www.irs.</u>	gov/Form990	<u>7</u> for the lates	st iniormatio	n.					o Public
Name of the org							Er	mplo	yer ide	ntific	ation n	
Jewish Federation o	or Circinnati						3:	L-053	7174			
	ss Benefit Trai											
	lete if the organiza) Name of disqual			orm 990, Part Relationship be	•	· · · · · · · · · · · · · · · · · · ·			irt V, III Descript		(4)	Correcte
1 (a	, Name of disquar	neu person	(6)		organization	miled person a			ansacti		Ye	
							_					
Cor rep (a) Name of	nplete if the organ orted an amount o	organization answe unt on Form 990, nship (c) Purpose	ested Persons. red "Yes" on Form 990-E Part X, line 5, 6, or 22 (d) Loan to or from th organization?		·	(f)Balance due	(g) In default? Approve board		h) ved by rd or	(i)Written		
			To	From			Yes No		committee?		Yes No	
			10	110111			103	110	103	110	1.03	110
otal				<u> </u>	\$							
	ints or Assistai					line 27.						
a) Name of Inter	ested person (b) Relationship erested perso organizat	between	(c) Amount		(d) Type	of assi	stanc	ce	(e) Pu	rpose o	f assistan
(1) Son of Liz Vogel (minor) Son of board member				6,500 Cincinnati Journ			;					
									_			
						†			-			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319080499 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Jewish Federation of Cincinnati 31-0537174 Part I Types of Property (b) (a) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 154 2,649,098 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (______) Other ▶ (______) 26 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Νo b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page 2				
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Pa 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				
Part I, Line 32b	We use various brokers to sell donated stock				
	Schedule M (Form 990) (2018)				



Return Explanation
Reference

line 11b

Form 990,
Part VI,
Section B,

The 990 is reviewed by management and the Finance and Administration Committee A public d isclosure copy was subsequently provided to the Board of Directors before filing

Return Explanation
Reference

line 12c

Form 990,
Part VI,
Section B,

Return Reference	Explanation	
Form 990, Part VI, Section B, line 15	Every three years, the Executive Committee, which is a board-designated committee, reviews and sets the CEO's salary and benefits package, resulting in a five year contract. The Executive Committee reviews the Jewish Federation of North America's annual salary survey as well as holds conversations with several other Federations. Annually, the CEO is responsible for reviewing and setting all other top management salary and benefits. The CEO review is the Jewish Federation of North America's annual salary survey. All items used in determining salary and benefits are documented and retained.	

990 Schedule O, Supplemental Information

Return Explanation

Reference

Ittererence	
Form 990, Part VI,	The organization's governing documents are available on the Ohio Secretary of State's webs ite. The financial statements are available on the organization's website. The conflict of
	interest policy is available upon request

Return Explanation

Form 990, Change in CSV of life insurance 18,041 Gain (loss) on charitable gift annuities -230,125

Part XI, line Loss on beneficial int in trust -389,417 Rounding

Return Explanation
Reference

Form 990, Part XII, Line

The Finance and Administration Committee oversees the audit and the process has not changed in the current year