DLN: 93493101011659 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. 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 CHARLESTON JEWISH FEDERATION INC ☐ Address change 57-6000188 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 176 CROGHAN SPUR ROAD SUITE 100 ☐ Amended return (843) 614-6600 □ Application pending City or town, state or province, country, and ZIP or foreign postal code CHARLESTON, SC $\,$ 29407 G Gross receipts \$898,782 Name and address of principal officer H(a) Is this a group return for JUDI CORSARO □Yes ☑No subordinates? 176 CROGHAN SPUR ROAD SUITE 100 H(b) Are all subordinates CHARLESTON, SC 29407 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) □ 501(c)() **◄** (insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► HTTPS //WWW JEWISHCHARLESTON ORG L Year of formation 1949 M State of legal domicile SC Summary 1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE CHARLESTON JEWISH FEDERATION IS TO BUILD AND SUSTAIN JEWISH LIFE IN CHARLESTON, ISRAEL, AND AROUND THE WORLD Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 250 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 2,133,928 892.529 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 6,174 4,259 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 1,726 1.994 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2.969 2,144,797 898,782 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 1,158,120 506,778 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 400,800 436,761 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶96,628 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 207,524 182,974 1,766,444 1,126,513 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 378,353 -227,731 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 1,116,713 880,406 122,104 21 Total liabilities (Part X, line 26) . 115,415 758,302 22 Net assets or fund balances Subtract line 21 from line 20 . 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 2019-04-11 Signature of officer Sign Here JUDI CORSARO CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-04-11 P00724565 Paid self-employed Firm's name
GLASER AND COMPANY LLC Firm's EIN ▶ 20-5788602 **Preparer** Use Only Firm's address ▶ 149 E BAY ST SUITE 200 Phone no (843) 849-0179 CHARLESTON, SC 294013134 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

| Form | 990 (2018) | | | | | Page 2 |
|------|--|--|---|--|---|---|
| Pa | statement | of Program Ser | vice Accomplis | hments | | |
| | Check if Sched | lule O contains a re | sponse or note to a | nny line in this Part III . | | 🗹 |
| 1 | Briefly describe the oi | rganızatıon's mıssıo | n | | | |
| | | LESTON JEWISH FE | DERATION IS TO E | BUILD AND SUSTAIN JEW | ISH LIFE IN CHARLESTON, ISRAE | EL, AND AROUND THE |
| WOR | LD | | | | | |
| | | | | | | |
| 2 | Did the organization i | indertake any signi | ficant program serv | vices during the year whi | ch were not listed on | |
| _ | the prior Form 990 or | , - | | nces during the year will | ch were not listed on | ☐ Yes ☑ No |
| | If "Yes," describe the | | | | | |
| 3 | • | | | changes in how it conduc | ts. any program | |
| _ | services? | - : | | | | ☐ Yes 🗹 No |
| | If "Yes," describe the | | dule O | | | |
| 4 | | _ | | its for each of its three la | irgest program services, as measi | ared by expenses |
| | Section 501(c)(3) and | d 501(c)(4) organiza | ations are required | to report the amount of | grants and allocations to others, t | |
| | expenses, and revenu | ie, if any, for each p | program service re | ported | | |
| 4a | (Code |) (Expenses \$ | 333,400 | including grants of \$ | 240,507) (Revenue \$ | 1,350) |
| | See Additional Data | , , , | · | | , , | , , |
| | | | | | | |
| 4b | (Code |) (Expenses \$ | 243,153 | including grants of \$ | 68,248) (Revenue \$ | 2,689) |
| | See Additional Data | | | | | |
| | | | | | | |
| 4c | (Code |) (Expenses \$ | 197,305 | including grants of \$ | 78,232) (Revenue \$ | 220) |
| | See Additional Data | | | | | |
| | <u> </u> | | | | | |
| | (Code |) (Expenses \$ | | including grants of \$ | 119,791) (Revenue \$ |) FUE WORLD MODE |
| | MEANINGFUL FOR THE J | EWISH PEOPLE THAN I | SRAEL WHILE THE AN | ICIENT LAND OF ISRAEL HAS | NT INITIATIVE THERE IS NO PLACE IN T S ALWAYS BEEN HOME TO THE JEWS, S | SINCE 1948, THE MODERN |
| | STATE OF ISRAEL HAS C | OMPLETELY TRANSFOR | MED WHAT IT MEANS TON 1EWISH FEDERAL | TO BE A JEW BECAUSE OF TON WE BELIEVE THAT ISRA | THE STATE OF ISRAEL, JEWS HAVE A N LEL IS ONE OF THE MOST EFFECTIVE W | NATIONAL IDENTITY, YAYS TO CONNECT NORTH |
| | AMERICAN JEWS OF ALL | AGES TO THEIR HERIT | AGE, AND THEREBY S | TRENGTHEN OUR CONNECT | IONS TO THE LOCAL JEWISH COMMUNI | ITY AND THE WORLDWIDE |
| | RELATIONSHIPS WITH JE | E ALSO KNOW THAT IS EWS OUTSIDE OF ISRA | RAELIS GET MORE IN EL THROUGH OUR AI | VOLVED, MORE CONNECTED. LLOCATIONS TO THE JEWISH | , AND MORE AWARE OF THEIR JEWISH AGENCY FOR ISRAEL AND THE JOINT | DISTRIBUTION COMMITTEE, |
| | THE CHARLESTON JEWIS | H FEDERATION ANSW | ERS SOCIAL, CULTUR | AL, ECONOMIC, WELFARE AN | ID EDUCATIONAL NEEDS ALL OVER ISR TY TO BUILD LIVING BRIDGES AND HE | AEL OUR VISION FOR THE |
| | ENCOUNTERS, CONNECT | IONS AND RELATIONS | HIPS ACROSS ALL GE | NERATIONS AND AFFILIATIO | NS WE INTEND TO DEVELOP DIVERSE | TRAVEL OPPORTUNITIES |
| | | | | | ISRAELI LEADERSHIP AND GEARED TO THER PARTNERSHIP 2GETHER PROGRA | |
| | BRIDGE BETWEEN TEN S | OUTHEASTERN JEWIS | H COMMUNITIES AND | THE HADERA-EIRON REGION | N OF ISRAEL ISRAELI EDUCATORS WH | O ARE WORKING WITH OUR |
| | LOCAL TEACHERS TO BR | ING ISRAELI CULTURE | TO OUR CHILDREN, T | THE ISRAELI TEENS WHO ARI HANKS TO THIS PARTNERSH | E HOSTED BY OUR FAMILIES, THE YOU IP, THE FUTURE OF CHARLESTON'S RE | NG LEADERS WHO STUDY |
| | IS STRONGER THAN EVE | R WORLD ORT WORL | OORT WORKS FOR TH | IE ADVANCEMENT OF JEWS A | AND OTHERS THROUGH TRAINING AND | EDUCATION THROUGH |
| | INTERNATIONAL COOPER WORLD BY PROVIDING V | | | | SOCIAL DEVELOPMENT IN UNDER-DEVE | LOPED PARTS OF THE |
| | | | | | | |
| 4d | Other program servic | es (Describe in Sch | edule O) | | | |
| | (Expenses \$ | 119,791 । | ncluding grants of | \$ 119,79 | 1) (Revenue \$ |) |
| 4e | Total program serv | ice expenses ▶ | 893,6 | 49 | | |

| Pai | 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 | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 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 2 | 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 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 | 11b | | No |
| | 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 | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 142 | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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? If "Yes," complete Schedule G. Part III | 19 | | No |

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

Νo

20a

Part V

| Pai | tiV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 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 |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V $\,$.

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Page 4

Yes

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2

0

1a

1b

No

Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

13a

Enter the amount of reserves the organization is required to maintain by the states in 13b

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c

14a

14b

15

No

Nο

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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?

the following

13

Section C. Disclosure

The governing body?

O18) Page 6
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

Nο

Nο

Νo

No

Νo

Nο

Nο

Nο

Nο

Nο

Nο

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4

5

6

7a

7b

8a

8b

10a

10b

11a

12a

12h

12c

13

14

15a

15b

16a

16h

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

| 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 | | | 17 | 7 | | |

| | | | | | Yes | No |
|----|--|----|--------------------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 17 | | | |
| | 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 | 17 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee? | | ith any other • | 2 | | No |
| | | | | | | |

Did the organization delegate control over management duties customarily performed by or under the direct supervision

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . Did the organization become aware during the year of a significant diversion of the organization's assets? .

Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,

Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in

Did the process for determining compensation of the following persons include a review and approval by independent

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

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

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

and branches to ensure their operations are consistent with the organization's exempt purposes?

persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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.

Did the organization have a written document retention and destruction policy?

The organization's CEO, Executive Director, or top management official . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

List the States with which a copy of this Form 990 is required to be filed▶

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

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)

►VICKI SCHMIDT 176 CROGHAN SPUR ROAD CHARLESTON, SC 29407 (843) 614-6600

Did the organization have a written whistleblower policy?

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

of officers, directors or trustees, or key employees to a management company or other person? .

Did the organization have members or stockholders?

Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates? .

Part VII

BOARD MEMBER

BOARD MEMBER

(16) JAN PEARLSTINE BOARD MEMBER

(17) EDWARD KRONSBERG

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

- year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest
- compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours | pers | an ònd son is | ne bo both | ot che ox, u :h an | neck me unless n office rustee) | er | compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation 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 |
| (1) STUART TESSLER PRESIDENT | 2 00 | X | | х | | | | 0 | О | 0 |
| (2) EILEEN CHEPENIK PRESIDENT EL | 2 00 | × | | х | | | | 0 | 0 | 0 |
| (3) AVA KLEINMAN VICE PRESIDE | 2 00 | X | | х | | | | 0 | 0 | 0 |
| (4) MIKE MILLS VICE PRESIDE | 2 00 | X | | x | | | | 0 | 0 | 0 |
| (5) ILENE TURBOW TREASURER | 2 00 | X | | x | | | | 0 | 0 | 0 |
| (6) HILARY RIECK SECRETARY | 2 00 | X | | x | | | | 0 | 0 | 0 |
| (7) AMI ABRAHAMSON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (8) DAVID BECKMANN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (9) DEBBIE ENGEL BOARD MEMBER | 1 00 | × | | | | | | 0 | 0 | 0 |
| (10) ELLEN HOFFMAN BOARD MEMBER | 1 00 | x | | | | | | 0 | 0 | 0 |
| (11) SHARON HOX BOARD MEMBER | 1 00 | 1 1 | | | | | | 0 | 0 | 0 |
| (12) DEBBIE ROTHSCHILD BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (13) HARRY NADLER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (14) JIMI HORNE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (15) IJO TOPOREK | 1 00 | | 1 ' | | | ' | | | | |

1 00

1 00

Х

0

0

0

0

0

0

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

4

5

(B)

Description of services

No

No

(C)

Compensation

Form 990 (2018)

(B)

Average

(A)

Name and Title

(F)

Estimated

| wante and Title | hours per week (list any hours | , | ne bo oth a direct | ox, ι n of | inle: ficer | ss pers | son | compensation from the organization (W- | compensation from related organizations | amount of other compensation from the |
|-------------------|---|-----------------------------------|--------------------------|---------------|----------------|------------------------------|--------|--|---|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | 2/1099-MISC) | (W- 2/1099- MISC) | organization and related organizations |
| (18) JUDI CORSARO | | l | | х | | | | 137,000 | 0 | 12,000 |
| CEO | | •••• | | | | | | · | | · |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| 1b Sub-Total | | <u> </u> | _ | _ | | | |
|--------------|------|----------|---|---|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| С | Total from continuation sheets to Part VII, Section A | • | | |
|---|---|-------|-----------------------|-------|
| d | Total (add lines 1b and 1c) | • | 137,000 | |
| 2 | Total number of individuals (including but not limited to those listed above of reportable compensation from the organization \blacktriangleright 1 | e) wh | no received more than | \$100 |

services rendered to the organization? If "Yes," complete Schedule J for such person.

(A)

Name and business address

Section B. Independent Contractors

compensation from the organization >

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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

| 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 \blacktriangleright 1 | | | |
|---|---|---|-----|----|
| | | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on | | | |
| | line 1a? If "Yes," complete Schedule J for such individual | 3 | | No |

| _ | | | |
|----|---|-----|--------|
| d. | Total (add lines 1b and 1c) | | 12,000 |
| 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 \blacktriangleright 1 | | |
| | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | No |

| 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 ► 1 | • | | |
|---|--|---|-----|----|
| | | | 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 |

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

| d | Total (add lines 1b and 1c) | | 12,000 |
|---|---|-----|--------|
| 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 \blacktriangleright 1 | | |
| | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | N- |

| Part | VIII | Statement of Rev Check if Schedule O | | esponse | or note to any | line in this | Part VIII | | | | 🗆 |
|---|------|---|----------------|-------------------|----------------------|-------------------|-----------|--|-------|---|--|
| | | | | | | (A) Total reve | enue | (B) Related or exempt function revenue | | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| 0 | 1: | a Federated campaigns . | 1 | .a | | | L | Tevenue | | | 312 314 |
| ants | | b Membership dues | . 1 | .b | | | | | | | |
| ي وي | | c Fundraising events . | | .с | | | | | | | |
| ifts, ar A | | d Related organizations | _ 1 | .d | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | e Government grants (contrib | outions) | .e | 6,326 | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | f All other contributions, gifts and similar amounts not inc | sluded | lf | 886,203 | | | | | | |
| buti the | | above | | | 000,203 | | | | | | |
| | | g Noncash contributions ii in lines 1a - 1f \$ | nciuaea | _ | | | | | | | |
| S E | | h Total. Add lines 1a-1f | | | • | 8 | 92,529 | | | | |
| ı | | | | | Business | Code | | | | | |
| P.DE | | COUNSELING | | | | 900099 | | 2,689 | 2,689 | | |
| á | - | CHARLESTON REMEMBERS | | | | 624100 | | 1,350 | 1,350 | | |
| Program Service Revenue | c | YOUNG ADULT DIVISION | | | | 900099 | | 220 | 220 | | |
| 3 | d | l | | | | | | | | | |
| ram | e | | | | | | | | | | |
| Yog | f | All other program service | e revenue | | | 4,259 | | | | I | l |
| | | Total. Add lines 2a-2f . | | • | | 1 | | T | | | |
| | | Investment income (includes imilar amounts) | | | rest, and other | . | 1,994 | | | | 1,994 |
| | 4 | Income from investment o | of tax-exem | t bond | proceeds > | | | | | | |
| | 5 | Royalties | () D | | · · • | · | | | | | |
| | 6a | Gross rents | (ı) Real | + | (II) Personal | - | | | | | |
| | | | | | | _ | | | | | |
| | t | Less rental expenses | | | | | | | | | |
| | ٠ | Rental income or (loss) | | | | 1 | | | | | |
| | | Net rental income or (los | ss) | | | - | | | | | |
| | | | (ı) Securities | | (II) Other | | | | | | |
| | 7 a | Gross amount from sales of | | | |] | | | | | |
| | | assets other than inventory | | | | | | | | | |
| | ŀ | Less cost or | | + | | 1 | | | | | |
| | | other basis and sales expenses | | | | | | | | | |
| | l | Gain or (loss) | | | | _ | | | | | |
| | | d Net gain or (loss) Gross income from fundra | | s \Box | <u> </u> | 1 | | | | | |
| ne | | (not including \$ontributions reported on | of | | | | | | | | |
| ₽ | | See Part IV, line 18 . | | a | | | | | | | |
| Re | l | Less direct expenses . | | ь | |] | | | | | |
| Other Revenue | | Net income or (loss) from | | events | • • • | 1 | | | | | |
| ŏ | 90 | Gross income from gamir See Part IV, line 19 | | | | | | | | | |
| | | | | a | | _ | | | | | |
| | l | Less direct expenses . Net income or (loss) from | | b | | _ | | | | | |
| | l | aGross sales of inventory, | | | · · • | | | | | | |
| | | returns and allowances | | a | | | | | | | |
| | ŀ | Less cost of goods sold | | ь | | 1 | | | | | |
| | | Net income or (loss) from | | ــــــ entory/ | > | _ | | | | | |
| | | Miscellaneous Reve | enue | E | Business Code | | | | | | |
| | 11 | La | | | | | | | | | |
| | | | | \perp | | | | | | | |
| | | • | | | | | | | | | |
| | | | | + | | 1 | | | | | |
| | ` | - | | | | | | | | | |
| | , | All other revenue | | + | | 1 | | | | | |
| | | Total. Add lines 11a-11d | | | . • | | | | | | |
| | 12 | 2 Total revenue. See Inst | tructions . | | | | 000 | | | | |
| | | | | | | | 898,782 | | 4,259 | | 1,994 |

| | nent of Functional Expenses 501(c)(4) organizations must complete all col | lumns All other orga | inizations must comp | elete column (A) | |
|--|--|------------------------|------------------------------|---|----------------------------|
| Check if S | chedule O contains a response or note to any | line in this Part IX . | | | 🗆 |
| Do not include amo b, 8b, 9b, and 10b | of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| | rassistance to domestic organizations and ments See Part IV, line 21 | 421,373 | 421,373 | - | |
| 2 Grants and other Part IV, line 22 | assistance to domestic individuals. See | 82,405 | 82,405 | | |
| | assistance to foreign organizations, foreign d foreign individuals. See Part IV, line 15 | 3,000 | 3,000 | | |
| 4 Benefits paid to d | or for members | | | | |
| 5 Compensation of key employees | current officers, directors, trustees, and | | | | |
| defined under se | ot included above, to disqualified persons (as ction 4958(f)(1)) and persons described in 3)(B) | | | | |
| 7 Other salaries an | d wages | 406,219 | 255,644 | 82,425 | 68,15 |
| | ruals and contributions (include section 401 mployer contributions) | | | | |
| 9 Other employee | benefits | | | | |
| LO Payroll taxes . | | 30,542 | 19,221 | 6,197 | 5,12 |
| L1 Fees for services | (non-employees) | | | | |
| a Management . | | | | | |
| b Legal | | | | | |
| c Accounting . | | 4,013 | | 4,013 | |
| d Lobbying | | | | | |
| e Professional fund | raising services See Part IV, line 17 | | | | |
| | agement fees | | | | |
| g Other (If line 11g | g amount exceeds 10% of line 25, column line 11g expenses on Schedule O) | | | | |
| L2 Advertising and p | promotion | 12,937 | 7,868 | 1,988 | 3,08 |
| .3 Office expenses | ⊢ | 53,737 | 24,124 | 21,379 | 8,23 |
| 4 Information tech | ⊢ | | | | |
| .5 Royalties | <i>-</i> | | | | |
| .6 Occupancy . | <u> </u> | 62,224 | 38,359 | 12,334 | 11,53 |
| . 7 Travel | F | , | , | , | |
| L8 Payments of trav | el or entertainment expenses for any local public officials | | | | |
| | eventions, and meetings | 568 | 217 | | 35 |
| 20 Interest | · · · · · · · · · · · · · · · · · · · | | | | |
| 21 Payments to affil | - | | | | |
| , i | pletion, and amortization | 933 | 587 | 189 | 15 |
| 23 Insurance | · · · · | 4,713 | 307 | 4,713 | |
| 24 Other expenses miscellaneous ex | Itemize expenses not covered above (List penses in line 24e If line 24e amount line 25, column (A) amount, list line 24e | 4,713 | | 4,713 | |
| a OTHER PROGRA | · · · · · · · · · · · · · · · · · · · | 38,596 | 38,596 | | |
| b STAFF DEVELO | PMENT | 5,253 | 2,255 | 2,998 | |
| С | | | | | |
| d | | | | | |
| e All other expen | ses | | | | |
| 25 Total functiona | l expenses. Add lines 1 through 24e | 1,126,513 | 893,649 | 136,236 | 96,62 |
| reported in colum | nplete this line only if the organization nn (B) joint costs from a combined baign and fundraising solicitation | | | | |
| | ☐ If following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2018)

23

24

26

27 28

29

30

31

32

33 34

Net Assets or Fund Balances

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

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

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

| | | Check if Schedule O contains a response or not | e to any line in this rait ix . | (A) Beginning of year | | (B) End of year |
|-------------|-----|---|---|-----------------------|-------------|--------------------|
| | | | | | _ | 592.322 |
| | 1 | Cash-non-interest-bearing | | 488,971 | 1 | |
| | 2 | Savings and temporary cash investments . | <u> </u> | 244,476 | 2 | 230,923 |
| | 3 | Pledges and grants receivable, net | <u> </u> | 375,549 | 3 | 50,377 |
| | 4 | Accounts receivable, net | <u> </u> | | 4 | |
| | 5 | Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L | ted employees Complete | | 5 | |
| S | 6 | Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L | n 4958(c)(3)(B), and tions of section 501(c)(9) (see instructions) Complete | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | <u> </u> | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 4,546 | | | |
| | ь | Less accumulated depreciation | 10b 2,734 | 2,745 | 10 c | 1,812 |
| | 11 | Investments—publicly traded securities . | | | 11 | |
| | 12 | Investments—other securities See Part IV, line | 11 | | 12 | |
| | 13 | Investments—program-related See Part IV, line | 11 | | 13 | |
| | 14 | Intangible assets | [| | 14 | |
| | 15 | Other assets See Part IV, line 11 | [| 4,972 | 15 | 4,972 |
| | 16 | Total assets.Add lines 1 through 15 (must equ | al line 34) | 1,116,713 | 16 | 880,406 |
| | 17 | Accounts payable and accrued expenses | | 22,157 | 17 | 23,608 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| S | 21 | Escrow or custodial account liability Complete F | Part IV of Schedule D | 93,258 | 21 | 98,496 |
| ilitie | 22 | Loans and other payables to current and former key employees, highest compensated employee | | | | |
| Liabilities | | persons Complete Part II of Schedule L | | | 22 | |
| | 22 | Cocured mortgages and notes navable to unrela | tod third parties | | 22 | |

22 23

24

25

26

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32

33

34

122.104

545.951

212,351

758,302

880,406

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115.415

749.656

251,642

1,001,298

1,116,713

| Form | 990 (2018) | | | | Page 12 |
|------|---|---------|----|-----|----------------|
| Pa | Reconcilliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | ✓ |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 898,782 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1 | ,126,513 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | -227,731 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | ,001,298 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | -15,265 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | | 758,302 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both | on a | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | No |
| | If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both | basis, | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133? | ngle | 3a | | No |
| Ь | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | red | 3b | | |

Form **990** (2018)

Additional Data

Software ID:

Software Version:

EIN: 57-6000188

Name: CHARLESTON JEWISH FEDERATION INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

JEWISH EDUCATION AND JEWISH LIFE FROM CONNECTING THE LOCAL JEWISH COMMUNITY TO THE REMEMBER PROGRAM FOR HOLOCAUST EDUCATION AND GENOCIDE AWARENESS, CHARLESTON JEWISH FEDERATION SUPPORTS AGENCIES AND INITIATIVES TO CULTIVATE JEWISH LIFE AND JEWISH EDUCATION LOCALLY AND ALL OVER THE WORLD JEWISH COMMUNITY RELATIONS COUNCIL OF GREATER CHARLESTON THE JEWISH COMMUNITY RELATIONS COUNCIL OF GREATER CHARLESTON ENVISIONS A MORE JUST SOCIETY BY SUSTAINING A STRONG AND VIBRANT JEWISH COMMUNITY LOCALLY, NATIONALLY, IN ISRAEL AND AROUND THE WORLD, AND BY ENHANCING THAT STRENGTH THROUGH COLLABORATION WITH OTHER COMMUNITIES TOWARD THIS END, THE JEWISH COMMUNITY RELATIONS COUNCIL OF GREATER CHARLESTONS MISSION IS TO EDUCATE AND ADVOCATE ON ISSUES OF VITAL IMPORTANCE TO THE ORGANIZED JEWISH COMMUNITY BASED ON CONSENSUS. CIVILITY AND AN EXPANDED COMMITMENT TO LIVING JEWISH VALUES OF SOCIAL JUSTICE BY JOINING THE LEADERS OF THE JEWISH ORGANIZATIONS OF OUR COMMUNITY. THE JEWISH COMMUNITY RELATIONS COUNCIL OF GREATER CHARLESTON PROVIDES AN AMPLIFIED AND UNIFIED VOICE OF THE GREATER CHARLESTON JEWISH COMMUNITY ON CRITICAL ISSUES IN THE PUBLIC SPHERE EDUCATION AND LOAN FUND THE JEWISH EDUCATIONAL LOAN FUND (JELF) PROVIDES INTEREST-FREE LOANS TO JEWISH STUDENTS FROM GEORGIA, FLORIDA, NORTH CAROLINA, SOUTH CAROLINA, AND VIRGINIA FOR POST-SECONDARY EDUCATION (UNDERGRADUATE, GRADUATE, AND VOCATIONAL SCHOOLS) JELFS LOANS SUPPLY THE FINAL FUNDS THAT A STUDENT NEEDS TO ATTEND SCHOOL AND ARE ALSO NEED-BASED REMEMBER PROGRAM IN MOVING CEREMONIES DURING SCHEDULED MEETINGS, LOCAL CITY AND COUNTY COUNCILS ISSUE PROCLAMATIONS THAT COMMEMORATE THE HOLOCAUST IT IS CRUCIAL FOR MEMBERS OF THE JEWISH COMMUNITY TO ATTEND THE COUNCIL MEETINGS AT WHICH THE PROCLAMATION IS READ HOLOCAUST EDUCATION AND GENOCIDE AWARENESS PROGRAMS COUNTLESS STUDENTS AND EDUCATORS HAVE DISCOVERED THAT STUDYING AND TEACHING THE HOLOCAUST CAN BE A TRANSFORMATIVE LEARNING EXPERIENCE SUCH STUDY NECESSITATES DELVING INTO THE BEHAVIOR OF INDIVIDUALS AND HOW THEY ACTED AND REACTED DURING ONE OF THE DARKEST PERIODS IN THE HISTORY OF HUMANITY FOR MANY, UNDERSTANDING THE RANGE OF HUMAN BEHAVIOR REPRESENTED BY THE CATEGORIES OF VICTIM, BYSTANDER, PERPETRATOR AND RESCUER MAKES THE HOLOCAUST A STORY FOR ALL OF HUMANITY. THE COMPLEX ISSUES THAT ACCOMPANY A STUDY OF THE HOLOCAUST ENCOURAGE STUDENTS TO THINK CRITICALLY ABOUT IMPORTANT ISSUES AND VALUES NOT ONLY WITHIN THE HISTORICAL CONTEXT OF THE HOLOCAUST, BUT ALSO IN CONTEMPORARY SOCIETY. THE HOLOCAUST APTLY DEMONSTRATES THE FRAGILE NATURE OF DEMOCRATIC INSTITUTIONS. INCLUSION AND EVEN CITIZENSHIP IT CHALLENGES STUDENTS TO DEVELOP THEIR PARTICIPATION IN OUR OWN DEMOCRATIC INSTITUTIONS. THE LEGACY OF THE HOLOCAUST IS THE CALL TO FOSTER A CARING AND RESPONSIBLE SOCIETY THAT RESPECTS ITS CITIZENS. THE STUDY OF THE HOLOCAUST ALLOWS NUMEROUS ENTRY POINTS FOR LEARNING ACROSS MULTIPLE DISCIPLINES STUDENTS AND TEACHERS OF HISTORY, WORLD RELIGIONS, LANGUAGE ARTS, ENGLISH LANGUAGE DEVELOPMENT, AND CIVICS AND SOCIAL RESPONSIBILITY ARE JUST SOME OF THE AREAS OF STUDY THAT HAVE SUCCESSFULLY INCORPORATED THE HOLOCAUST INTO THEIR LEARNING ACTIVITIES STUDYING THE HOLOCAUST IS ABOUT STUDYING PEOPLE. REAL-LIFE INDIVIDUALS CAUGHT UP IN THE DESTRUCTIVE WHIRLWIND OF NAZI AGGRESSION IT IS THIS HUMAN ELEMENT AND THE POIGNANCY OF THE INDIVIDUAL NARRATIVE THAT COMPELS ONE TO STUDY AND TO REMEMBER, SO THAT NEVER AGAIN BECOMES A REALITY CHARLESTON JEWISH VOICE ONLINE FORMERLY A PRINTED QUARTERLY PUBLICATION, THE DIGITAL JEWISH VOICE IS NOW SENT TO THE E-MAIL INBOX OF THOUSANDS OF MEMBERS OF OUR COMMUNITY. THE DIGITAL FORMAT ALLOWS US TO PROVIDE MORE TIMELY NEWS ITEMS TO THE COMMUNITY MORE OFTEN THAN THE PRINTED VERSION, WE ENCOURAGE MEMBERS OF THE COMMUNITY TO SHARE THEIR STORIES WITH THE GREATER CHARLESTON JEWISH COMMUNITY THROUGH THE JEWISH VOICE

CREATING A COMMUNITY OF SHARED RESPONSIBILITY VULNERABLE POPULATIONS AS JEWS, WE HOLD THE SHARED RESPONSIBILITY OF TAKING CARE OF OUR ENTIRE COMMUNITY, INCLUDING ITS MOST VULNERABLE MEMBERS FROM CARING FOR LOCAL JEWISH COMMUNITY NEEDS THROUGH THE KOSHER FOOD PANTRY, TO CARING FOR JEWISH REFUGEES IN UKRAINE. WE HELP ENSURE THAT NO ONE IS LEFT BEHIND KOSHER FOOD PANTRY SINCE ITS CREATION IN THE FALL OF 2011, THE KOSHER

Form 990, Part III, Line 4b:

JEWISH VALUES OF TZEDAKAH (CHARITY) AND TIKKUN OLAM (REPAIR OF THE WORLD) AND TO SERVING COMMUNITY MEMBERS IN NEED WITH KAVOD (RESPECT) THE KOSHER FOOD PANTRY SERVES ALL INDIVIDUALS AND FAMILIES IN NEED, REGARDLESS OR AGE, RACE, SEX, OR RELIGION WE ARE PROUD PARTNERS WITH LOWCOUNTRY FOOD BANK, A MEMBER OF FEEDING AMERICA COUNSELING CHARLESTON JEWISH FAMILY SERVICES (CJFS) OFFERS AN ARRAY OF MENTAL HEALTH SERVICES TO ADULTS, ADOLESCENTS, AND FAMILIES IN THE LOCAL COMMUNITY THESE SERVICES ADDRESS ISSUES SUCH AS DEPRESSION, ANXIETY OR ADJUSTMENT

FOOD PANTRY (KFP) HAS PROVIDED A COMMUNAL RESPONSE TO HUNGER IN THE GREATER CHARLESTON COMMUNITY. THE KFP REFLECTS OUR COMMITMENT TO THE

DISORDERS, RELATIONSHIP ISSUES, STRESS MANAGEMENT, VOCATIONAL ISSUES, AND MORE THERAPISTS ARE ABLE TO PROVIDE EFFECTIVE, SHORT-TERM, SUPPORTIVE COUNSELING, WHILE MAKING REFERRALS TO AND COLLABORATING WITH OTHER HEALTHCARE PROFESSIONALS WHEN APPROPRIATE CJFS DOES NOT PROVIDE CLINICAL TREATMENT TO THOSE WITH SEVERE AND PERSISTENT MENTAL ILLNESS CLIENTS WITH CHRONIC PSYCHIATRIC ILLNESS WILL BE REFERRED TO AN

ORGANIZATION WHICH PROVIDES MORE COMPREHENSIVE SERVICES INTERESTED PERSONS SHOULD CALL TO SCHEDULE AN INITIAL IN-OFFICE EVALUATION TO DETERMINE THE APPROPRIATE SERVICES NEEDED SENIOR OUTREACH INITIATIVE CHARLESTON JEWISH FAMILY SERVICES OFFERS SERVICES AND RESOURCE REFERRALS THROUGH THE SENIOR OUTREACH INITIATIVE FOR OLDER ADULTS IN GREATER CHARLESTON CJFS SEEKS TO MAINTAIN THE INDEPENDENCE AND DIGNITY OF SENIOR

ADULTS, WHILE KEEPING THEM CONNECTED TO JEWISH TRADITIONS AND COMMUNITY OUR FRIENDLY STAFF PROVIDE THE FOLLOWING SERVICES TO ASSIST SENIORS

NAVIGATING SENIOR BENEFITS -HOME AND LONG-TERM CARE VISITATIONS -FOOD DELIVERY THROUGH THE KOSHER FOOD PANTRY -WELLNESS VISITS IN ADDITION. A

AND THEIR FAMILY AND CAREGIVERS -RESOURCES AND REFERRALS TO THE APPROPRIATE LOCAL AGENCIES -COMPREHENSIVE ASSESSMENTS -ASSISTANCE IN

LICENSED MARRIAGE AND FAMILY THERAPIST IS AVAILABLE FOR CONFIDENTIAL COUNSELING FOR OLDER ADULTS OR CAREGIVERS IN OUR OFFICE

Form 990, Part III, Line 4c:

CHARLESTON LIFE AND LEGACY

MEANING "LEADER, - AND IN THIS DYNAMIC GROUP EXPERIENCE, LOCAL JEWISH PROFESSIONALS NETWORK AND DIRECTLY IMPACT THE FUTURE OF OUR GREATER CHARLESTON JEWISH COMMUNITY BY TAKING A 360 VIEW, YOU WILL EXPLORE OUR DIVERSE, VIBRANT AND GROWING CITY WITH IMPORTANT ROLE MODELS AND LEADERS ELIGIBLE CANDIDATES ARE YOUNG PROFESSIONALS (30'S AND 40'S) SEEKING OPPORTUNITIES TO GROW THEIR LEADERSHIP, BUSINESS AND JEWISH COMMUNAL KNOWLEDGE AND SKILLS, WHILE MEETING LIKE-MINDED PEOPLE AND HAVING FUN BUT THAT'S NOT ALL PARTICIPATION IN THIS COHORT ALSO MEANS JOINING AN ELITE NETWORK OF MENTORS AND PEERS, GAINING ACCESS TO VIP EVENTS AND RECEIVING SUBSIDIES FOR CONVENTIONS AND TRIPS AROUND THE

ENGAGING THE NEXT GENERATION NAGID 360 NAGID 360, THE LEADERSHIP INSTITUTE OF THE CHARLESTON JEWISH COMMUNITY NAGID IS A HEBREW WORD

WORLD AND IN ISRAEL AT MONTHLY GATHERINGS FROM JANUARY - JUNE, YOU WILL MEET WITH IMPORTANT ROLE MODELS AND LEADERS IN THE LOCAL JEWISH COMMUNITY WHILE EXPLORING YOUR PASSIONS AND NAVIGATING ALL THAT OUR LOCAL JEWISH COMMUNITY HAS TO OFFER YOU BY PARTICIPATING IN A TEAM PROJECT THAT WILL MAKE A DIRECT IMPACT ON JEWISH CHARLESTON, YOU WILL LEARN THROUGH EXPERIENCE THE SKILLS NEEDED TO BECOME A POSITIVE AND CREATIVE COMMUNITY LEADER IN ADDITION, PARTICIPANTS WILL RECEIVE CUSTOMIZED COMMUNICATIONS AND INVITATIONS TO COMMUNITY EVENTS AND

OPPORTUNITIES LOCALLY, NATIONALLY, IN ISRAEL AND AROUND THE WORLD YOUNG ADULT DIVISION CHARLESTON'S GROWTH IS ATTRACTING YOUNG JEWS FROM AROUND THE COUNTRY, AS WELL AS NATIVES RETURNING TO THE AREA YAD PROVIDES OPPORTUNITIES TO EXPAND YOUR SOCIAL OR PROFESSIONAL NETWORK WITH OTHER 21-35 YEAR-OLDS AS WE EXPLORE CHARLESTONS VIBRANT JEWISH COMMUNITY TOGETHER YAD ENCOURAGES PARTICIPATION OF INTERFAITH COUPLES IN ALL

OF OUR ACTIVITIES PJ LIBRARY THE PJ LIBRARY IS A UNIOUE PROGRAM THAT SEEKS TO ENCOURAGE JEWISH FAMILIES WITH YOUNG CHILDREN TO EXPLORE JEWISH LITERATURE IN ORDER TO ACCOMPLISH THAT GOAL, EACH MONTH THE PJ LIBRARY SENDS AN AGE APPROPRIATE JEWISH CONTENT BOOK OR CD TO ENROLLED CHILDREN BETWEEN THE AGES OF SIX MONTHS TO EIGHT YEARS. CREATED BY THE HAROLD GRINSPOON FOUNDATION (HGF), THE PJ LIBRARY IS FUNDED BY THE

CHARLESTON JEWISH FEDERATION AND LOCAL PHILANTHROPISTS IN PARTNERSHIP WITH HGF. SHALOM BABY SHALOM BABY IS DESIGNED TO HELP CHARLESTON

FAMILIES (AFFILIATED, NON- AFFILIATED, AND INTERFAITH) CELEBRATE THE ARRIVAL OF THEIR JEWISH NEWBORNS AND WELCOME THEM TO THE JEWISH COMMUNITY

THROUGH GIFT BASKETS, PLAY GROUPS, SOCIAL EVENTS, HOLIDAY CELEBRATIONS, AND RESOURCE GUIDES THIS SUCCESSFUL OUTREACH PROGRAM HAS EXPANDED

TO MEET NEW PARENTS' NEEDS BY OFFERING INFANT MASSAGE TUTORIALS, MUSICAL GATHERINGS, BABY BOOK CLUBS, SLEEP SOLUTIONS CLASSES, AND MORE

| efil | e GR/ | APHIC pri | nt - DO NO | T PROCESS | As Filed Data - | | | DLN: 9 | 3493101011659 |
|------------------------|--|--|--------------------------------|---|---|---------------------------------------|-------------------------------------|------------------------------|---------------------------|
| (For 990F Depart | Form 990 or Co 190EZ) Department of the Treasury Atternal Revenue Service Lame of the organization | | | plete if the o | Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form www.irs.gov/Forms | r a section | 2018 Open to Public Inspection | | |
| Nam | e of th | ne organiza | | | | | | Employer identific | ation number |
| CHARL | ESTON. | I JEWISH FEDE | RATION INC | | | | | 57-6000188 | |
| | rt I | | | | us (All organization | | | See instructions. | |
| The o | rganız | ation is not | a private four | idation because | eitis (For lines 1 thro | ough 12, check o | nly one box) | | |
| 1 | | A church, c | onvention of | churches, or as | ssociation of churches | described in sec | tion 170(b)(1) | (A)(i). | |
| 2 | | A school de | scribed in se | ction 170(b)(| 1)(A)(ii). (Attach Sch | nedule E (Form 9 | 90 or 990-EZ)) | | |
| 3 | П | A hospital o | or a cooperati | ve hospital ser | vice organization desc | rıbed ın section | 170(b)(1)(A)(| iii). | |
| 4 | | A medical r name, city, | | nızatıon operat | ed in conjunction with | a hospital descri | bed in section : | 170(b)(1)(A)(iii). E | nter the hospital's |
| 5 | | (b)(1)(A) | (iv). (Comple | ete Part II) | t of a college or unive | , | | | bed in section 170 |
| 6 | | A federal, s | tate, or local | government or | governmental unit de | escribed in sectio | on 170(b)(1)(A | \)(v). | |
| 7 | | | | mally receives (vi). (Complete | a substantıal part of ıt : Part II) | s support from a | governmental u | ınıt or from the gener | al public described in |
| 8 | | A communi | ty trust descr | ribed in section | 170(b)(1)(A)(vi) | (Complete Part I | I) | | |
| 9 | | | | | escribed in 170(b)(1) ee instructions Enter | | | | ege or university or a |
| 10 | ✓ | An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) | | | | | | | |
| 11 | | An organiza | ation organize | ed and operated | d exclusively to test fo | r public safety S | ee section 509 | (a)(4). | |
| 12 | | more public | ly supported | organizations of | d exclusively for the be described in section 5 the type of supporting | i09(a)(1) or se | ction 509(a)(2 |). See section 509 (a | |
| a | | Type I. A so | supporting or n(s) the powe | ganızatıon oper | ated, supervised, or cappoint or elect a majo | ontrolled by its s | upported organi | zation(s), typically by | |
| b | | Type II. A manageme | supporting o nt of the supp | rganization sup porting organiza | ervised or controlled i ation vested in the sar | | | | |
| С | | Type III f | unctionally i | | and C. supporting organizatio ions) You must com | | | | ited with, its |
| d | | Type III n functionally | on-function integrated | ally integrate The organizatio | d. A supporting organi n generally must satis rt IV, Sections A and | ization operated fy a distribution | ın connection wi requirement and | th its supported orgai | |
| e | | Check this | box if the org | Ianization receiv | ved a written determing integrated supporting | nation from the I | | pe I, Type II, Type II | I functionally |
| f | Enter | | | on-runctionally l organizations | megrated Supporting | organization | | | |
| g | | | | - | upported organization(| s) | | _ | |
| | | (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization listed organization in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | | |
| | | | | | | Yes | No | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Tota | | | | | | 1 | | | |

instructions

| | (Complete only if you che III. If the organization fai | | | | | | fy under Part |
|-----|---|------------------------|---------------------|-----------------------|----------------------|----------------------|----------------|
| S | ection A. Public Support | is to quality ut | ider the tests his | ted below, pleas | se complete rai | C 111.) | |
| | Calendar year | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2013 | (0) 2010 | (d) 2017 | (e) 2010 | (I) Iotai |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | 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 | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | |
| | Public support. Subtract line 5 from | | | | | | |
| | line 4 | | | | | | |
| S | ection B. Total Support | | • | | • | | |
| | Calendar year | (a)2014 | (b) 2015 | (c)2016 | (d)2017 | (e)2018 | (f)Total |
| | (or fiscal year beginning in) ▶ | (4)2011 | (5)2013 | (6)2010 | (4)2017 | (6)2010 | (1)Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and | | | | | | |
| | income from similar sources | | | | | | |
| 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 | | | | | | |
| 12 | Gross receipts from related activities, e | c (see instruction | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization | s first, second, th | ird, fourth, or fifth | n tax year as a sec | tion 501(c)(3) org | anızatıon, |
| | check this box and stop here | | | | | ▶ [| |
| S | ection C. Computation of Public | | | | | | |
| | Public support percentage for 2018 (line | | | column (f)) | | 14 | |
| | Public support percentage for 2017 Sch | | | (1) | | 15 | |
| | 33 1/3% support test—2018. If the | | | on line 13, and lin | ne 14 is 33 1/2% o | | hov |
| тоа | | | | | ie 14 is 33 1/3 /0 0 | i illore, check this | ▶□ |
| L | and stop here. The organization qualifi 33 1/3% support test—2017. If the | | | | and line 15 is 33 t | /3% or more chec | k this |
| U | • • | - | | | and mic 15 i5 55 1 | , s to or more, enec | |
| | box and stop here. The organization of | qualifies as a pub | nicly supported or | ganization | - 12 16 16 | | ▶□ |
| 17a | 10%-facts-and-circumstances test- | | | | | | |
| | is 10% or more, and if the organization | | | | | | |
| | in Part VI how the organization meets t | he "facts-and-cir | cumstances" test | The organization | qualifies as a publ | icly supported | |
| | organization | | | | | | ightharpoons |
| h | 10%-facts-and-circumstances test | —2017. If the o | rganization did no | t check a box on li | ine 13, 16a. 16b. o | or 17a, and line | · - |
| ט | 15 is 10% or more, and if the organiza | | | | | | |
| | Explain in Part VI how the organization | | | | | | |
| | · - | | | | | F/ | ▶ □ |
| | supported organization | | | | | | |

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

Section A. Public Support

Part III

20

| 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") | 967,244 | 1,045,082 | 1,103,541 | 2,133,928 | 892,529 | 6,142,324 |
| 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 | 33,942 | 19,883 | 3,562 | 9,143 | 4,259 | 70,789 |
| Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| The value of services or facilities furnished by a governmental unit to the organization without charge | 1 001 196 | 1.064.065 | 1 107 102 | 2 142 071 | 906 789 | 6 212 112 |

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

Support Schedule for Organizations Described in Section 509(a)(2)

the organization fails to qualify under the tests listed below, please complete Part II.)

| 0 | Total. Add lines I through 5 | 1,001,160 | 1,004,903 | 1,107,103 | 2,143,071 | 890,786 | 0,213,113 |
|-----|--|-----------|-----------------|-----------|-----------|----------|-----------|
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | 72,023 | 561,362 | 73,442 | 706,827 |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | 96,345 | 96,345 |
| С | Add lines 7a and 7b | | | 72,023 | 561,362 | 169,787 | 803,172 |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | 5,409,941 |
| Se | ction B. Total Support | | | | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | 1,001,186 | 1,064,965 | 1,107,103 | 2,143,071 | 896,788 | 6,213,113 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 342 | 933 | 1,276 | 1,726 | 1,994 | 6,271 |
| b | Unrelated business taxable income (less section 511 taxes) from | | | | | | |

| | 13 for the year | | | | | | |
|-----|---|-----------|-----------------|-----------|-----------|----------|-----------|
| С | Add lines 7a and 7b | | | 72,023 | 561,362 | 169,787 | 803,172 |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | 5,409,941 |
| Se | ction B. Total Support | | | | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | 1,001,186 | 1,064,965 | 1,107,103 | 2,143,071 | 896,788 | 6,213,113 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 342 | 933 | 1,276 | 1,726 | 1,994 | 6,271 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 342 | 933 | 1,276 | 1,726 | 1,994 | 6,271 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 1,001,528 | 1,065,898 | 1,108,379 | 2,144,797 | 898,782 | 6,219,384 |

| | (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) ⊤otal |
|-----|---|---------------------|----------------------|------------------------|--------------------|--------------------|------------------|
| 9 | Amounts from line 6 | 1,001,186 | 1,064,965 | 1,107,103 | 2,143,071 | 896,788 | 6,213,113 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 342 | 933 | 1,276 | 1,726 | 1,994 | 6,271 |
| Ь | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 342 | 933 | 1,276 | 1,726 | 1,994 | 6,271 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 1,001,528 | 1,065,898 | 1,108,379 | 2,144,797 | 898,782 | 6,219,384 |
| 14 | First five years. If the Form 990 is fo | or the organization | 's first, second, th | iird, fourth, or fifth | h tax year as a se | ction 501(c)(3) or | ganization, |
| | check this box and stop here | | | | | | ▶□ |

Section C. Computation of Public Support Percentage

Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) 15 15 Public support percentage from 2017 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) 17

Schedule A (Form 990 or 990-EZ) 2018

not

0 % 0 %

| 86 | 990 |
|----|-----|
| 89 | 960 |
| | |

| 17 | Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
|-----|--|-------|----------------|
| 18 | Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |
| 19a | 331/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 | 1/3%, | and line 17 is |
| | | | |

^{▶ ☑} more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ightharpoons 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 | rt IV Supporting Organizations (continued) | | | | | | |
|----|---|--------|----------|----------|--|--|--|
| | cupper unity or gamma units (community) | | Yes | No | | | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | <u> </u> | | | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | | \vdash | | | | |
| 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 | | | | | |
| | ection 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 | \sqcup | | | | |
| 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 | | | | | | |
| | organization | | | | | | |
| S | ection C. Type II Supporting Organizations | | | | | | |
| | | | Yes | No | | | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | | | | |
| _ | ,, | | | <u> </u> | | | |
| | ection 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? | j | | | | | |
| | , | | | | | | |
| 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) | 1 | | | | | |
| | | 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 instruct | ions) | | | | | |
| | 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. | | \vdash | | | | |
| | 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 | | | | | |

| m - | |
|------------------|--|
| /I) See | |
| ıgh E | |
| (B) Current Year | |
| (optional) | |

(B) Current Year

(optional)

Current Year

Schedule A (Form 990 or 990-F7) 2018

Page 6

| | Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in | | |
|----------|---|----------------|--|
| ~ | | (A) Prior Year | |

| | instructions. All other Type III non-functionally integrated supporting organiza | tions i | must complete Sections A | through E |
|---|--|----------------|--------------------------|-----------|
| | Section A - Adjusted Net Income | (A) Prior Year | (B) C (o | |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |

4 5

Add lines 1 through 3

Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

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

2 3 4

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

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. **b** Excess from 2015. c Excess from 2016. d Excess from 2017. e Excess from 2018.

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

Additional Data

Return Reference

Software ID:

Software Version:

EIN: 57-6000188

Name: CHARLESTON JEWISH FEDERATION INC

Explanation

Page 8

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,

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

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(Form 990)

Department of the Treasury

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.

OMB No 1545-0047

DLN: 93493101011659

Open to Public Inspection

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** CHARLESTON JEWISH FEDERATION INC 57-6000188 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? 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 the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not 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, 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 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| Par | t III | Organizations Mai | ntaining Col | lections o | of Art, F | Iistori | ical Tı | eası | ures, or | Other | Similar A | ssets (| contir. | nued) | |
|--------|-----------------|---|------------------------------|--------------|-------------|--------------|----------|----------|-------------------|-------------|--------------|------------|---------------|---------|---------|
| 3 | | g the organization's acquis s (check all that apply) | sition, accessior | n, and other | records, | check | any of | the fo | llowing t | hat are a | sıgnıfıcant | use of it | s colle | ction | |
| а | | Public exhibition | | | | d | | Loan | or excha | ange prog | grams | | | | |
| b | | Scholarly research | | | | е | | Othe | r | | | | | | |
| c | | Preservation for future g | generations | | | | | | | | | | | | |
| 4 | Provi Part : | de a description of the or XIII | ganızatıon's col | lections and | l explain | how the | ey furth | ner the | e organız | ation's e | xempt purp | ose in | | | |
| 5 | | ng the year, did the organ is to be sold to raise fund: | | | | | | | | | nılar | □ Y | es | □ N | 0 |
| Pa | rt IV | Escrow and Custoe Complete if the orga X, line 21. | | | " on For | m 990 | , Part | IV, lı | ine 9, or | reporte | ed an amo | unt on | Form | 990, | Part |
| 1a | | e organization an agent, t ded on Form 990, Part X? | | an or other | ıntermed | liary for | contril | oution | s or othe | er assets | not | □ y | es | ☑ N | o |
| b | If "Ye | es," explain the arrangem | nent in Part XIII | and comple | ete the fo | llowing | table | | [| | ı | Amount | | | _ |
| c | Begir | nning balance | | | | | | | [| 1c | | | | | _ |
| d | Addıt | ions during the year | | | | | | | | 1d | | | | | |
| е | Distri | butions during the year | | | | | | | | 1e | | | | | |
| f | Endır | ng balance | | | | | | | | 1f | | | | | _ |
| 2a | Dıd tl | he organization include ar | n amount on Fo | rm 990, Par | t X, line | 21, for | escrow | or cu | ıstodıal a | ccount lia | ability? | . 🗆 у | es | ☑ N | 0 |
| b | If "Y∈ | es," explain the arrangem | ent in Part XIII | Check here | e if the ex | xplanat | on has | been | provided | d in Part : | XIII | . 🗆 | | | |
| Pa | ırt V | Endowment Funds | . Complete ıf | the organ | ızatıon a | answer | ed "Ye | es" oı | n Form | 990, Pai | rt IV, line | 10. | | | |
| | | | | (a)Curren | nt year | (b) P | rıor yea | r | (c) Two ye | ears back | (d)Three ye | ears back | (e) Fo | ur year | s back |
| 1a | Beginn | ning of year balance . | | | | | | | | | | | | | |
| b | Contrib | butions | | | | | | | | | | | | | |
| С | Net inv | vestment earnings, gains, | , and losses | | | | | | | | | | | | |
| d | Grants | or scholarships | • | | | | | | | | | | | | |
| е | | expenditures for facilities ograms | | | | | | | | | | | | | |
| f | | istrative expenses | | | | | | | | | | | | | |
| | | year balance | | | | | | - | | | | | | | |
| _ | | • | | | <u> </u> | // | | | XX I - I I - | | | | | | |
| 2 | | de the estimated percent d designated or quasi-end | | ent year end | i balance | (line I | g, colui | mn (a |)) neid a | S | | | | | |
| a | | anent endowment > | JOWITICHE P | | | | | | | | | | | | |
| b | | porarily restricted endown | mont • | | | | | | | | | | | | |
| С | | percentages on lines 2a, 2 | | ld equal 100 | 7% | | | | | | | | | | |
| За | | here endowment funds no | • | | | ion tha | t are h | eld an | ıd admını | stered fo | r the | | | | |
| | | nization by | • | | 5 | | | | | | | | | Yes | No |
| | (i) u | nrelated organizations . | | | | | | | | | | - | a(i) | | |
| | | elated organizations . | | | | | | | | | | | a(ii) | | |
| ь 4 | | es" on 3a(II), are the relat ribe in Part XIII the inten | - | | • | | | · • | | | | | 3b | | |
| | rt VI | Land, Buildings, a | | | ii s endov | WITTETTE | iulius | | | | | | | | |
| Га | IL VI | Complete if the orga | | | " on For | m 990 | , Part | IV, lı | ıne 11a. | See Fo | rm 990, P | art X, lı | ne 10 | ١. | |
| | Descr | iption of property | (a) Cost or oth (investme | er basıs | (b) Cost | | | | | | depreciation | | | ok valu | e |
| 1a | Land | | | | | | | | | | | | | | |
| b | Buildin | ngs | | | | | | | | | | | | | |
| c | Leaseh | nold improvements | | | | | | | | | | | | | |
| d | Equipn | ment | | | | | | 3,296 | | | 2,042 | | | | 1,254 |
| | | | | | | | | 1,250 | | | 692 | | | | 558 |
| Tota | al. Add | lines 1a through 1e (Colu | ımn (d) must ed | qual Form 9 | 90, Part . | X, colui | nn (B), | . line . | 10(c)) | • | > | | | | 1,812 |
| | | | | | | | | | | | | | . <i>.</i> | | 0) 2010 |

| Part VII Investments—Other Securities. | Complete if the organizat | ion answe | rea res on r | orm 550, rare iv, mie 115. |
|--|--|----------------------|------------------|--|
| See Form 990, Part X, line 12. (a) Description of security or cal (including name of security | | (b) Book value | (c Cost o | c) Method of valuation r end-of-year market value |
| 1) Financial derivatives | | | | |
| 2) Closely-held equity interests 3)Other | · · · · · · · · | | | |
| A) | | | | |
| 3) | | | | |
| | | | | |
|)) | | | | |
| 5) | | | | |
|) | | | | |
| 5) | | | | |
| H) | | | | |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 1 | 2) | | | |
| Investments—Program Related. Complete if the organization answe | | art IV line | 11c See Form | n 990 Part Y line 13 |
| (a) Description of investment | | ok value | (0 | c) Method of valuation |
| .) | | | Cost o | r end-of-year market value |
| 2) | | | | |
| 3) | | | | |
| , (1) | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| · ·) | | | | |
| · ') | | | | |
| 3) | | | | |
| | | | | |
| 9) | | | | |
| 9) ntal. (Column (h) must equal Form 990, Part X, col (R) line 1 | 3 } | | | |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize | ation answered 'Yes' on Fori | n 990, Part | IV, line 11d Sec | |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 1. | | n 990, Part | IV, line 11d Sei | e Form 990, Part X, line 15 (b) Book value |
| Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organiz | ation answered 'Yes' on Fori | n 990, Part | IV, line 11d Sei | |
| Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize.) | ation answered 'Yes' on Fori | n 990, Part | IV, line 11d Sei | |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 1. art IX Other Assets. Complete if the organize) | ation answered 'Yes' on Fori | n 990, Part | IV, line 11d Sec | |
| Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize.) | ation answered 'Yes' on Fori | n 990, Part | IV, line 11d Sec | |
| Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize.) | ation answered 'Yes' on Fori | n 990, Part | IV, line 11d Ser | |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize))) | ation answered 'Yes' on Fori | n 990, Part | IV, line 11d Ser | |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize () () () () () () () () () (| ation answered 'Yes' on Fori | n 990, Part | IV, line 11d Ser | |
| Other Assets. Complete if the organize Other Assets. Othe | ation answered 'Yes' on Fori | n 990, Part | IV, line 11d Ser | |
| Other Assets. Complete if the organize Other | ation answered 'Yes' on Form | n 990, Part | IV, line 11d Sec | |
| Other Assets. Complete if the organize Other Liabilities. | ation answered 'Yes' on Form (a) Description (B) line 15) | | | (b) Book value |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 1. art IX Other Assets. Complete if the organiz)))))))))))) ptal. (Column (b) must equal Form 990, Part X, col (Part X) Other Liabilities. Complete if the Control See Form 990, Part X, line 25. | ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description | | n 990, Part IV, | (b) Book value |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize Other Liabilities. Complete if the organize See Form 990, Part X, line 25. (a) Description of liabilities. | ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description | es' on Forr | n 990, Part IV, | (b) Book value |
| Other Assets. Complete if the organize Other Liabilities. Complete if the organize See Form 990, Part X, line 25. (a) Description of liabilities. Federal income taxes | ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description | es' on Forr | n 990, Part IV, | (b) Book value |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize of the | ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description | es' on Forr | n 990, Part IV, | (b) Book value |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize of the | ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description | es' on Forr | n 990, Part IV, | (b) Book value |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize of the | ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description | es' on Forr | n 990, Part IV, | (b) Book value |
| Other Assets. Complete if the organization of the complete if | ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description | es' on Forr | n 990, Part IV, | (b) Book value |
| Other Assets. Complete if the organize Other Liabilities. Complete if the organize Other Liabilities. Complete if the organize See Form 990, Part X, line 25. (a) Description of liabilities. Other Liabilities. O | ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description | es' on Forr | n 990, Part IV, | (b) Book value |
| Other Assets. Complete if the organization of | ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description | es' on Forr | n 990, Part IV, | (b) Book value |
| Other Assets. Complete if the organization of the complete if the complete | ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description | es' on Forr | n 990, Part IV, | (b) Book value |
| Other Assets. Complete if the organization of | ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description | es' on Forr | n 990, Part IV, | (b) Book value |

1

Page 4

| 2 | Amounts included on line 1 but no | ot on Form 990, Part VIII, line 12 | | | |
|-----|--|---|----|-------------|--------------------|
| а | Net unrealized gains (losses) on ir | nvestments | 2a | | |
| b | Donated services and use of facilit | ties | 2b | | |
| С | Recoveries of prior year grants . | | 2c | | |
| d | Other (Describe in Part XIII) . | | 2d | | |
| е | Add lines 2a through 2d | | | . 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, P | Part VIII, line 12, but not on line 1 | | | |
| а | Investment expenses not included | d on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) . | | 4b | | |
| c | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue Add lines 3 and 4c | . (This must equal Form 990, Part I, line 12) | | 5 | |
| Par | | penses per Audited Financial Statem zation answered 'Yes' on Form 990, Pari | • | per Return. | |
| 1 | Total expenses and losses per aud | dited financial statements | | 1 | |
| 2 | Amounts included on line 1 but no | ot on Form 990, Part IX, line 25 | | | |
| а | Donated services and use of facilit | ties | 2a | | |
| b | Prior year adjustments | | 2b | | |
| С | Other losses | | 2c | | |
| d | Other (Describe in Part XIII) . | | 2d | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, P | Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included | d on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) . | | 4b | | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | Total expenses Add lines 3 and 4 | c. (This must equal Form 990, Part I, line 18 |) | 5 | |
| Pai | t XIII Supplemental Info | rmation | | | |
| | | art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide | | | rt X, line 2, Part |
| | Return Reference | Explanation | | | |

| Schedule D (Fo | orm 990) 2018 | Page 5 | |
|------------------|-------------------|---------------------|----------------------------|
| Part XIII | Supplemental Info | rmation (continued) | |
| Return Reference | | Explanation | |
| | | | Schedule D (Form 990) 2018 |

DLN: 93493101011659 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. Treasurv Internal Revenue Service Name of the organization Employer identification number CHARLESTON JEWISH FEDERATION INC. 57-6000188 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

Schedule I (Form 990) 2018

(7)

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

Part IV

Return Reference

Explanation

Additional Data

OF CHARLEST

1645 WALLENBURG BLVD CHARLESTON, SC 29407

Software ID: Software Version: **EIN:** 57-6000188 Name: CHARLESTON JEWISH FEDERATION INC 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 (q) Description of organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or government other) assistance

57-0409223 501C3 92,640

ADDLESTONE HEBREW ACADEMY 1639 WALLENBURG BLVD

CHARLESTON, SC 29407 JEWISH COMMUNITY CENTER 57-0352253

501C3 18,182 (h) Purpose of grant

ASSISTANCE/SECURITY

or assistance

OPERATION

ASSISTANCE

(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 or government other) assistance 13-1624240 501C3 20.000 PARTNERSHIP JEWISH FEDERATION OF NORTH AMERICA TOGETHER 25 BROADWAY AVENUE STE 700

ASSISTANCE &

PROGRAM

69,801

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

501C3

13-1624240

NEW YORK, NY 10001

JEWISH FEDERATION OF NORTH AMERICA
25 BROADWAY AVENUE STE 700

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 (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 13-1624240 501C3 9.876 TAGLIT BIRTHRIGHT JEWISH FEDERATION OF NORTH AMERICA

25 BROADWAY AVENUE STE 700 NEW YORK, NY 10001 501C3 13,000 JEWISH STUDIES CENTER INC 57-1094139 OPERATING THE PEARLSTINE/LIPOV ASSISTANCE CENTER FOR SOU

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

186 QUEEN STREET CHARLESTON, SC 29401

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation i (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance KAHAL KADOSH BETH ELOHIM 57-0406806 501C3 56,725 PROGRAMS/CEMET/SECUR

| 90 HASELL STREET CHARLESTON, SC 29401 | | | | | |
|---|------------|-------|--------|--|---------------------|
| CONGREGATION DOR TIKVAH INC 1645 RAOUL WALLENBERG | 45-5626741 | 501C3 | 23,000 | | ASSISTANCE/SECURITY |

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

BLVD

CHARLESTON, SC 29407

(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 NCE/SECURITY

| SYNAGOGUE EMANU-EL | 501C3 | 24,000 | | ASSISTANC |
|----------------------|-------|--------|--|-----------|
| 5 WINDSOR DRIVE | | | | |
| CHARLESTON, SC 29407 | | | | |

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

477 MATHIS FERRY ROAD MOUNT PLEASANT, SC 29464

CHABAD OF CHARLESTON INC. 20-8546631 501C3 15,000 ASSISTANCE

(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 or government other) assistance BRITH SHALOM BETH ISRAEL 57-1005664 501C3 10 000 FINANCIAL ASSISTANCE

TOGETHER

| SYNAGOGUE | 3, 100000 | | 10,000 | | 111111111111111111111111111111111111111 |
|---|------------|-------|--------|--|---|
| 182 RUTLEDGE AVENUE CHARLESTON, SC 29403 | | | | | |
| JEWISH FEDERATION OF | 59-0637864 | 501C3 | 5,191 | | PARTNERSHIP |

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

JACKSONVILLE

8505 SAN JOSE BOULEVARD JACKSONVILLE, FL 32217

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

OMMUNITY SERVICE AWARD 1 1.000

| COMMUNITY SERVICE AWARD | 1 | 1,000 | | | |
|---------------------------|------|-------|--------|------|----------------|
| FOOD ASSISTANCE & SUPPORT | 1830 | | 11,735 | COST | FOOD AND GOODS |

30,954 6,056

13,157

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

HOUSING & UTILITIES SUP

TRANSPORTATION SUPPORT
SCHOLARSHIP - CAMP

(a)Type of grant or assistance

(b)Number of recipients

(c)Amount of non-cash assistance

(d)Amount of non-cash assistance

(e)Method of valuation (book, FMV, appraisal, other)

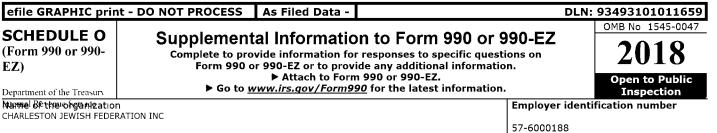
(f)Description of non-cash assistance

| EMERGENCY SUPPORT | 3 | 1,012 | | |
|-------------------|---|-------|--|--|

18.491

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

MEDICAL SUPPORT



| Return Reference | Explanation |
|--|--|
| FORM 990, PAGE 2, PART III, LINE 4A | JEWISH EDUCATION AND JEWISH LIFE FROM CONNECTING THE LOCAL JEWISH COMMUNITY TO THE REMEMBE R PROGRAM FOR HOLOCAUST EDUCATION AND GENOCIDE AWARENESS, CHARLESTON JEWISH FEDERATION SUP PORTS AGENCIES AND INITIATIVES TO CULTIVATE JEWISH LIFE AND JEWISH EDUCATION LOCALLY AND A LL OVER THE WORLD JEWISH COMMUNITY RELATIONS COUNCIL OF GREATER CHARLESTON THE JEWISH COM MUNITY RELATIONS COUNCIL OF GREATER CHARLESTON THE JEWISH COM MUNITY RELATIONS COUNCIL OF GREATER CHARLESTON THE JEWISH COMMUNITY IN THE JEWISH COMMUNITY LOCALLY, NATIONALLY, IN ISRAEL AND AROUND THE WORLD, AND BY ENHANCING THAT STRENGTH THROUGH COLLABORATION WITH OTHER COMMUNITIES TOWARD THIS END, THE JEWISH COMMUNITY RELATIONS COUNCIL OF GREATER CHARLESTONS MISSION IS TO EDUCATE AND ADVOCATE ON ISSUES OF VITAL IMPORTANCE TO THE ORGANIZED JEWISH COMMUNITY BASED ON CONS ENSUS, CIVILITY AND AN EXPANDED COMMITMENT TO LIVING JEWISH COMMUNITY BASED ON CONS ENSUS, CIVILITY AND AN EXPANDED COMMITMENT TO LIVING JEWISH VALUES OF SOCIAL JUSTICE BY JOINING THE LEADERS OF THE JEWISH ORGANIZATIONS OF OUR COMMUNITY, THE JEWISH COMMUNITY RELA TIONS COUNCIL OF GREATER CHARLESTON PROVIDES AN AMPLIFIED AND UNIFIED VOICE OF THE GREATER CHARLESTON JEWISH COMMUNITY ON CRITICAL ISSUES IN THE PUBLIC SPHERE EDUCATION AND LOAN F UND THE JEWISH EDUCATIONAL LOAN FUND (JELF) PROVIDES INTEREST-FREE LOANS TO JEWISH STUDENT S FROM GEORGIA, FLORIDA, NORTH CAROLINA, SOUTH CAROLINA, AND VIRGINIA FOR POST-SECONDARY E DUCATION (UNDERGRADUATE, GRADUATE, AND VOCATIONAL SCHOOLS) JELFS LOANS SUPPLY THE FINALF FUNDS THAT A STUDENT NEEDS TO ATTEND SCHOOL AND ARE ALSO NEED-BASED REMEMBER PROGRAM IN MO VING CEREMONIES DURING SCHEDULED MEETINGS, LOCAL CITY AND COUNTY COUNCILS ISSUE PROCLAMATION STHAT COMMEMORATE THE HOLOCAUST IS CRUCIAL FOR MEMBERS OF THE JEWISH COMMUNITY TO A TITEND THE COUNCIL MEETINGS AT WHICH THE PROCLAMATION IS READ HOLOCAUST EDUCATION AND GENO CIDE AWARENESS PROGRAMS COUNTLESS STUDENTS AND EDUCATORS HAVE DISCOVERED THAT STUDYING AND TEACHED BY THE CATEGORIES OF VICTIM, BYSTAN |

Return

| Reference | |
|-----------|---|
| FORM 990, | H LANGUAGE DEVELOPMENT, AND CIVICS AND SOCIAL RESPONSIBILITY ARE JUST SOME OF THE AREAS OF STUDY |
| PAGE 2, | THAT HAVE SUCCESSFULLY INCORPORATED THE HOLOCAUST INTO THEIR LEARNING ACTIVITIES IS TUDYING THE |
| PART III, | HOLOCAUST IS ABOUT STUDYING PEOPLE, REAL-LIFE INDIVIDUALS CAUGHT UP IN THE DES TRUCTIVE WHIRLWIND |
| LINE 4A | OF NAZI AGGRESSION IT IS THIS HUMAN ELEMENT AND THE POIGNANCY OF THE I NDIVIDUAL NARRATIVE THAT |
| | COMPELS ONE TO STUDY AND TO REMEMBER, SO THAT NEVER AGAIN BECOMES A REALITY CHARLESTON JEWISH |
| | VOICE ONLINE FORMERLY A PRINTED QUARTERLY PUBLICATION, THE D IGITAL JEWISH VOICE IS NOW SENT TO THE |
| | E-MAIL INBOX OF THOUSANDS OF MEMBERS OF OUR COMMUNI TY THE DIGITAL FORMAT ALLOWS US TO PROVIDE |
| | MORE TIMELY NEWS ITEMS TO THE COMMUNITY MORE O FTEN THAN THE PRINTED VERSION WE ENCOURAGE |
| | MEMBERS OF THE COMMUNITY TO SHARE THEIR STORIE S WITH THE GREATER CHARLESTON JEWISH COMMUNITY |
| | THROUGH THE JEWISH VOICE |

Explanation

| Return Reference | Explanation |
|--|--|
| FORM 990, PAGE 2, PART III, LINE 4B | CREATING A COMMUNITY OF SHARED RESPONSIBILITY VULNERABLE POPULATIONS AS JEWS, WE HOLD THE SHARED RESPONSIBILITY OF TAKING CARE OF OUR ENTIRE COMMUNITY, INCLUDING ITS MOST VULNERABLE MEMBERS FROM CARING FOR LOCAL JEWISH COMMUNITY NEEDS THROUGH THE KOSHER FOOD PANTRY, TO CARING FOR JEWISH REFUGEES IN UKRAINE, WE HELP ENSURE THAT NO ONE IS LEFT BEHIND KOSHER FOOD PANTRY SINCE ITS CREATION IN THE FALL OF 2011, THE KOSHER FOOD PANTRY (KFP) HAS PROVIDED A COMMUNAL RESPONSE TO HUNGER IN THE GREATER CHARLESTON COMMUNITY THE KFP REFLECTS OUR COMMINANT TO THE JEWISH VALUES OF TZEDAKAH (CHARITY) AND TIKKUN OLAM (REPAIR OF THE WORLD) AND TO SERVING COMMUNITY MEMBERS IN NEED WITH KAVOD (RESPECT) THE KOSHER FOOD PANTRY SERVES ALL INDIVIDUALS AND FAMILIES IN NEED, REGARDLESS OR AGE, RACE, SEX, OR RELIGION WE ARE PROUD PARTNERS WITH LOWCOUNTRY FOOD BANK, A MEMBER OF FEEDING AMERICA COUNSELING CHARLESTON JEWISH FAMILY SERVICES (CJIFS) OFFERS AN ARRAY OF MENTAL HEALTH SERVICES TO ADULTS, ADOLESCENTS, AND FAMILIES IN THE LOCAL COMMUNITY THESE SERVICES ADDRESS ISSUES SUCH AS DEPRESSION, ANXIETY OR ADJUSTMENT DISORDERS, RELATIONSHIP ISSUES, STRESS MANAGEMENT, VOCATIONAL ISSUES, AND MORE THERAPISTS ARE ABLE TO PROVIDE EFFECTIVE, SHORT-TERM, SUPPORTIVE COUNSELING, WHILE MAKING REFERRALS TO AND COLLABORATING WITH OTHER HEALTH-CARE PROFESSIONALS WHEN APPROPRIATE CJFS DOES NOT PROVIDE SERVICES INTERESTED PERSONS SHOULD CALL TO SCHEDULE AN INITIAL IN-OFFICE EVALUATION TO DETERMINE THE APPROPRIATE SERVICES NEDEDED SENIOR OUTREACH INITIATIVE FOR OLDER ADULTS IN GREATER CHARLESTON CJFS SEEKS TO MAINTAIN THE INDEPENDENCE AND DIGNITY OF SENIOR ADULTS, WHILE KEEPING THEM CONNECTED TO JEWISH TRADITIONS AND COMMUNITY OUR FRIENDLY STAFF PROVIDE THE FOLLOWING SERVICES TO ASSIST SENIORS AND THEIR FAMILY AND CARREGIVERS -RESOURCES AND REFERRALS TO THE APPROPRIATE COVAL AGENCIES -COMPREHENSIVE ASSESSMENTS -ASSISTANCE IN NAVIGATING SENIOR BENEFITS -HOME AND LONG-TERM CARE VISITATIONS -FOOD DELIVERY THROUGH THE KOSHER FOOD PANTRY -WELLINESS VISITS IN A |

| Return Reference | Explanation |
|--|--|
| FORM 990, PAGE 2, PART III, LINE 4C | ENGAGING THE NEXT GENERATION NAGID 360 NAGID 360, THE LEADERSHIP INSTITUTE OF THE CHARLESTON JEWISH COMMUNITY NAGID IS A HEBREW WORD MEANING "LEADER," AND IN THIS DYNAMIC GROUP EXPERIENCE, LOCAL JEWISH PROFESSIONALS. NETWORK AND DIRECTLY IMPACT THE FUTURE OF OUR GREATER CHARLESTON JEWISH COMMUNITY BY TAKING A 360 VIEW, YOU WILL EXPLORE OUR DIVERSE, VIBRANT AND GROWING CITY WITH IMPORTANT ROLE MODELS AND LEADERS ELIGIBLE CANDIDATES ARE YOUNG PROFESSIONALS (30°S AND 40°S) SEEKING OPPORTUNITIES TO GROW THEIR LEADERSHIP, BUSINESS AND JEWISH COMMUNAL KNOWLEDGE AND SKILLS, WHILE MEETING LIKE-MINDED PEOPLE AND HAVING FUN BUT THAT'S NOT ALL PARTICIPATION IN THIS COHORT ALSO MEANS JOINING AN ELITE NETWORK OF MENTORS AND PEERS, GAINING ACCESS TO VIP EVENTS AND RECEIVING SUBSIDIES FOR CONVENTIONS AND TRIPS AROUND THE WORLD AND IN SRAEL AT MONTHLY GATHERINGS FROM JANUARY - JUNE, YOU WILL MEET WITH IMPORTANT ROLE MODELS AND LEADERS IN THE LOCAL JEWISH COMMUNITY WHILE EXPLORING YOUR PASSIONS AND NAVIGATING ALL THAT OUR LOCAL JEWISH COMMUNITY HAS TO OFFER YOU BY PARTICIPATING IN A TEAM PROJECT THAT WILL MAKE A DIRECT IMPACT ON JEWISH CHARLESTON, YOU WILL LEARN THROUGH EXPERIENCE THE SKILLS NEEDED TO BECOME A POSITIVE AND CREATIVE COMMUNITY LEADER IN ADDITION, PARTICIPATIS WILL RECEIVE CUSTOMIZED COMMUNICATIONS AND INVITATIONS TO COMMUNITY EVENTS AND OPPORTUNITIES LOCALLY, NATIONALLY, IN ISRAEL AND AROUND THE WORLD YOUNG ADULT DIVISION CHARLESTON'S GROWTH IS ATTRACTING YOUNG JEWS FROM AROUND THE COUNTRY, AS WELL AS NATIVES RETURNING TO THE AREA YAD PROVIDES OPPORTUNITIES TO EXPAND YOUR SOCIAL OR PROFESSIONAL NETWORK WITH OTHER 21-35 YEAR-OLDS AS WE EXPLORE CHARLESTONS VIBRANT JEWISH COMMUNITY TOGETHER YAD ENCOURAGES PARTICIPATION OF INTERFAITH COUPLES IN ALL OF OUR ACTIVITIES PJLIBRARY THE PJ LIBRARY IS A UNIQUE PROGRAM THAT SEEKS TO ENCOURAGE JEWISH FAMILIES WITH YOUNG CHILDREN TO EXPLORE JEWISH LITERATURE IN ORDER TO ACCOMPLISH THAT GOAL, EACH MONTH THE PJ LIBRARY SENDS AN AGE APPROPRIATE JEWISH CONTENT BOOK OR CD TO ENROLLE |

| Return Reference | Explanation |
|--|--|
| FORM 990, PAGE 2, PART III, LINE 4D | STRENGTHENING OUR CONNECTION TO ISRAEL AND JEWISH PEOPLEHOOD ISRAEL ENGAGEMENT INITIATIVE THERE IS NO PLACE IN THE WORLD MORE MEANINGFUL FOR THE JEWISH PEOPLE THAN ISRAEL WHILE THE ANCIENT LAND OF ISRAEL HAS ALWAYS BEEN HOME TO THE JEWS, SINCE 1948, THE MODERN STATE OF ISRAEL HAS COMPLETELY TRANSFORMED WHAT IT MEANS TO BE A JEW BECAUSE OF THE STATE OF ISRAEL, JEWS HAVE A NATIONAL IDENTITY, WHEREVER THEY LIVE HERE AT THE CHARLESTON JEWISH FEDERATION WE BELIEVE THAT ISRAEL IS ONE OF THE MOST EFFECTIVE WAYS TO CONNECT NORTH AMERICAN JEWS OF ALL AGES TO THEIR HERITAGE, AND THEREBY STRENGTHEN OUR CONNECTIONS TO THE LOCAL JEWISH COMMUNITY AND THE WORLDWIDE JEWISH COMMUNITY WE ALSO KNOW THAT ISRAELIS GET MORE INVOLVED, MORE CONNECTED, AND MORE AWARE OF THEIR JEWISH IDENTITY WHEN THEY HAVE RELATIONSHIPS WITH JEWS OUTSIDE OF ISRAEL THROUGH OUR ALLOCATIONS TO THE JEWISH AGENCY FOR ISRAEL AND THE JOINT DISTRIBUTION COMMITTEE, THE CHARLESTON JEWISH FEDERATION ANSWERS SOCIAL, CULTURAL, ECONOMIC, WELFARE AND EDUCATIONAL NEEDS ALL OVER ISRAEL OUR VISION FOR THE FUTURE IS TO CAPITALIZE ON THE RICH AND DIVERSE JEWISH FOUNDATION OF OUR COMMUNITY TO BUILD LIVING BRIDGES AND HELP CREATE MANY ENCOUNTERS, CONNECTIONS AND RELATIONSHIPS ACROSS ALL GENERATIONS AND AFFILIATIONS WE INTEND TO DEVELOP DIVERSE TRAVEL OPPORTUNITIES AND PROGRAMS BASED ON THE PLATFORM OF PARTNERSHIPS, WORKING CLOSELY WITH LOCAL ISRAELI LEADERSHIP AND GEARED TOWARD THE GOAL OF CONNECTING OUR PEOPLE INTO ONE FAMILY WITH ONE VISION FOR US ALL PARTNERSHIP 2GETHER PARTNERSHIP 2GETHER PROGRAM, CREATES A LIVING BRIDGE BETWEEN TEN SOUTHEASTERN JEWISH COMMUNITIES AND THE HADERA-EIRON REGION OF ISRAEL ISRAELI EDUCATORS WHO ARE WORKING WITH OUR LOCAL TEACHERS TO BRING ISRAELI CULTURE TO OUR CHILDREN, THE ISRAELI TEENS WHO ARE HOSTED BY OUR FAMILIES, THE YOUNG LEADERS WHO STUDY JEWISH IDENTITY TOGETHER WITH OUR YOUNG PROFESSIONALS THANKS TO THIS PARTNERSHIP, THE FUTURE OF CHARLESTON'S RELATIONSHIP WITH ISRAEL IS STRONGER THAN EVER WORLD ORT WORKS FOR THE ADVANCEMENT OF JE |

Return Explanation
Reference

FORM 990,
PAGE 6,
PART VI,
LINE 11B

THE FORM 990 IS REVIEWED BY MANAGEMENT ONCE APPROVED, IT IS PROVIDED TO THE BOARD OF DIRECTORS
FOR A COMMENT PERIOD ONCE THIS PERIOD IS COMPLETE, AND ANY COMMENTS OR QUESTIONS ARE
ADDRESSED, THE FORM 990 IS FILED

Return Explanation

FORM 990,
PAGE 6,
PART VI,
LINE 12C

Return Explanation
Reference

| FORM 990, | THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS, DISCUSSES AND APPROVES |
|-----------|---|
| PAGE 6, | COMPENSATION OF ITS CEO |
| PART VI, | |
| LINE 15A | |

Return Explanation
Reference

| FORM 990, | THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS, DISCUSSED AND APPROVES THE |
|-----------|--|
| PAGE 6, | SALARIES OF OFFICERS AND KEY EMPLOYEES (AS APPLICABLE) |
| PART VI, | |
| LINE 15B | |

Return Explanation
Reference

FORM 990, GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AT THE FEDERATION'S CORPORATE OFFICE PAGE 6, PART VI.

990 Schedule O, Supplemental Information

LINE 19

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990, BAD DEBTS -15.265 PART XI,

LINE 9