EXTENSION GRANTED THROUGH JULY 15, 2020

Form **990** 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

	and ending JUN 30, 2019											
В	Chec applie	C Name of organization JEWISH FEDERATION FOUNDATION OF GREATER	,	D Employ	yer identi	fication number						
[RHODE ISLAND	•	ł								
		Doing business as			05-0	0259003						
<u>ַ</u>			om/sude	E Telepho	ne numb	er						
L	Fir	AONGA AVONDE				-274-4564						
_	42	□ Unity or town, state or province, country, and ZIP or foreign postal code		G Gross reco		33,429,979.						
Ļ		PROVIDENCE, RI UZ906		H(a) is this	a group	return						
L	1100 PE	F Name and address of principal officer: JENNIFER REID ONE UNION STATION, PROVIDENCE, RI 0290	2	for sur	porginate	s? Yes X No						
7	Tax-	exempt status: X 501(c)(3)	11527	• •		list (see instructions)						
		site: www.jewishallianceri.org				n number						
		of organization: X Corporation Trust Association Other	L Year of	formation	1945	A State of legal domicite: RI						
E	art	Summary										
9	1	The state of the s	ION S	9 (A)	(3) S	UPPORTING						
ctivities & Governance		ORGANIZATION OF THE RHODE ISLAND FOUNDATION										
Ę	2	Check this box if the organization discontinued its operations or disposed of			- 1	isets.						
é	3	Number of voting members of the governing body (Part VI, line 1a)				18						
ed et	٦	Number of independent voting markets of the governing body (Part VI, line 1b)	···· ·· ··· ·		5	0						
돮	6	Total number of volunteers (estimate if nepessar)				100						
ਵੇ	7	a Total unregistal business revenue from Part VIII; column (C), line 12			72	-7,895.						
ď		b Net unrelated business taxable income from Ebbn 990 T, line 38			7b	0.						
_	1			Prior Year		Current Year						
	8	Contributions and grants (Part VIIII, line th)	. 🗀	815,	800.	1,062,886.						
Revenue	9	Program service revenue (Part VIII, line 2g)	. [0.	0.						
§	10	Investment income (Part VIII, column (A), tines 3, 4, and 7d)		2,035,		7,463,400.						
•	11	Other revenue (Part VIII, column (A), finas 5, 6d, 8c, 9c, 10c, and 11e)			0.	9,623.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,850,		8,535,909.						
	13	Grants and similar amounts paid (Part IX, column (A), fines 1-3)	_	3,182,		3,713,305.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.						
8	15		 		0.1							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	-									
8	_ b	Total fundrasing expenses (Part IX, Colonia (D), wie 25)	—	794,	705	803,109.						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	 -	3,976,	842	4,516,414.						
		Revenue less expenses. Subtract line 18 from line 12		1,125,		4,019,495.						
<u>= 8</u>	19	Mevenue less expenses. Subtract line to northwise 12		ning of Corre		End of Year						
und Balances	20	Total assets (Part X, line 16)		,092,		58,064,277.						
麵		Total liabilities (Part X, line 26)	E	,021,	044.	1,159,839.						
25	22	Net assets or fund balances. Subtract line 21 from line 20	52	,071,	843.	56,904,438.						
Pa	rt II	Signature Block										
Unde	r pena	thes of perjury, I declare that I have examined this return, including accompanying schedules and st	tatements	, and to the b	est of my l	mowledge and belief, it is						
true,	correc	t, and complete. Deelaration of preparer (other than officer) is based on all information of which pre	parer has	any knowled	<u>ge</u> /							
				Date	1//4	120						
Sign		Signature of officer		Date	' '							
Here	•	JENNIFER REID , CHIEF FINANCIAL OFFICER Type or orint name and title										
			Date		Direct	TT PTIN						
0-14		Print/Type preparer's name Preparer's signature		į,	· —	P01399337						
Paid		Firm's name KAHN, LITWIN, RENZA & CO.,	—	Fum's l	EIN .	05-0409384						
Prepa Use C		Firm's name KAHN, LITWIN, RENZA & CO., Firm's address 951 NORTH MAIN STREET		(ruin S	in D	03-0403304						
ם פנים	, y	PROVIDENCE, RI 02904		Phone	nn 401 -	-274-2001						
May	May the IRS discuss this return with the preparer shown above? (see instructions)											
832001						Form 990 (2018)						
						· Kaial						



Form	1 990 (2018) RHODE ISLAND 05-0259003 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	TO OPERATE EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND
	SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501 (C)(3) OF THE
	INTERNAL REVENUE CODE AS A SECTION 509(A)(3) SUPPORTING ORGANIZATION
	OF THE RHODE ISLAND COMMUNITY FOUNDATION. THE FOUNDATION SUPPORTS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$3,713,305. including grants of \$3,713,305.) (Revenue \$)
	PROMOTE GENERAL JEWISH WELFARE THROUGH THE SUPPORT OF CHARITABLE,
	CULTURAL AND RELIGIOUS ORGANIZATIONS AND ASSIST IN COMMUNAL ACTIVITIES.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
	
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,713,305.

4e Total program service expenses ▶

Form **990** (2018)

Form 990 (2018) RHODE ISLAND
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	ļ <u> </u>
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-	_	
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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	х	
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- <u>'</u> -		
_	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	10		
	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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
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	Х	47
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{x}{x}$
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
Ø	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	х	
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3.5
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
		I		

JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	- 22		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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		х
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		х
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	ĺ		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ᆣ		
	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		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u> </u>		
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	 -		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
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	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		
832004	12-31-18		990	(2018)
			١,	<i>,</i>

Form	990 (2018) RHODE ISLAND	05-025	9003	Р	age 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued			•	<u>- 490 - </u>
	•			Yes	No
2a	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements,		(5)	100	1
	filed for the calendar year ending with or within the year covered by this return	2a)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	urns?	2b	-	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		1.00	2.23	23
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	3a	X	فتتسسم
	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation in Schedule	0	3b	х	†
	At any time during the calendar year, did the organization have an interest in, or a signature or other				<u> </u>
	financial account in a foreign country (such as a bank account, securities account, or other financial	• '	4a		x
b	If "Yes," enter the name of the foreign country	. 40004.1.9	14.2.8	102336	S1.740
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	200011	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the organization solicit	"		\vdash
-	any contributions that were not tax deductible as charitable contributions?	are organization solion	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or aitts	100	 	-
_	were not tax deductible?	mons or gints	6b		
7	Organizations that may receive deductible contributions under section 170(c).		200 200 200 200 200 200 200 200 200 200	7.X	13.00
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and si	ervices provided to the payor?			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		ᢡ
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	was required			\vdash
·	to file Form 8282?	vas requires	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		NAC:	المحتفيد ك
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e	×.282333	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		\vdash
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine		3,0 10,0		25-72 S
	sponsoring organization have excess business holdings at any time during the year?	a by the	8	يختن شكنت	الشقنكة
9	Sponsoring organizations maintaining donor advised funds.		7 %, 3	2 0 0 0 0	2:21
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	24.25.5022	استعادته
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter		71.66	7783	Y :
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	36.35		10/2
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter		13305		
а	Gross income from members or shareholders	11a	\$ 55.00 \$ 55.00	12.0	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			4.	
-	amounts due or received from them)	11b	1,50		1.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		لشستسا
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	38.47	<2338	2 5 2 3
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	3.5267	
_	Note. See the instructions for additional information the organization must report on Schedule O			233	8 8 W
ь	Enter the amount of reserves the organization is required to maintain by the states in which the				
-	organization is licensed to issue qualified health plans	13b	12/4 C C		W. 3
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	<u> </u>	14a	- 24324	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun		· · ·		
	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N			1	70.74
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt income?	16		X
-	If "Yes," complete Form 4720, Schedule O		738		£ [4]
			Form	990	(2018)

Form 990 (2018) RHODE ISLAND 05-

05-0259003

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI				_	X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18	(1898°)	200 to 200	*****
	If there are material differences in voting rights among members of the governing body, or if the governing				33	200 K
 .	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		[2000 2000 2000	1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
b	Enter the number of voting members included in line 1a, above, who are independent	1 _b	18	7. S.	2 2 2 3 3 3 4 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	132
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other				5 (TA)
_	officer, director, trustee, or key employee?	o many out of	*	2	X	سينتهد
3	Did the organization delegate control over management duties customarily performed by or under the	e direct suneniision	, t			
·	of officers, directors, or trustees, or key employees to a management company or other person?	e direct supervision	'	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	100 was filed?	ŀ	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass		ŀ	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assignment of the organization of the organizat	ets r	F	6		X
				•		
7 0	Did the organization have members, stockholders, or other persons who had the power to elect or ap	ppoint one or	1	- -		Х
L	more members of the governing body?	A a al de a lata da la constant	}	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tocknolaers, or				v
_	persons other than the governing body?	b 11 . 6 . 11	F	7b	39892	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ir by the following:	i		.78 8 737	7. 4. 10 J
	The governing body?		F	8a	X	
	Each committee with authority to act on behalf of the governing body?		ļ.	8b	Х	
9	Is there any officer, director, trustec, or key employee listed in Part VII, Section A, who cannot be real	ched at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code)				
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the fo	m?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		Γ.		3%	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe		1		
	ın Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	х	
15	Did the process for determining compensation of the following persons include a review and approva	I by independent		***************************************		82 8 8
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	ļ.			, 7, 7, 8 , 7, 7, 8
а	The organization's CEO, Executive Director, or top management official		ļ ²	15a		X
b	Other officers or key employees of the organization		_ <u>-</u>	15b	\rightarrow	X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		7	/T-38	. 53633	Sy (1)
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nont with a	5	3		
104	taxable entity during the year?	nent with a	۵	نْلَمْنَنْت 160	المحتنسة	X
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			16a	17.645)	73/4
D		, ,	Į.		於 變	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	lization's	- 1	401	1.6 5256	لمُنْسَنَد
Saa	exempt status with respect to such arrangements?			16b	l	
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None	1000 7 10 1 10				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	a 990-1 (Section 50	л(c)(3)s	only)	avaıla	ble
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website X Another's website X Upon request Other (explain)	•				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor-	iflict of interest poli	cy, and	fınano	ial	
	statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's boo					
	THE RHODE ISLAND COMMUNITY FOUNDATION - 401-274-45	64				
	ONE UNION STATION, PROVIDENCE, RI 02903					
				-	200	00401

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (Ď), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	1 than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week					or/trus		from	from related	other
	(list any	director						the	organizations	compensation
	hours for	Į į	ا ۾			ated		organization	(W-2/1099-MISC)	from the
	related organizations	frustee or	trust		_ =	Suadu		(W-2/1099-MISC)		organization and related
	below	dual tr	nstilutional trustee	_ ا	Key employee	Stcon				organizations
	line)	Individual	hasti	Officer	Keye	Highest compensaled employee	Former			- · g - · · · · · · · ·
(1) SHARON GAINES	1.00			Г						
CHAIRMAN		Х		Х		L		0.	0.	0.
(2) ROBERT SHERWIN	1.00									
VICE CHAIRMAN		Х		Х		$oxed{oxed}$		0.	0.	0.
(3) MARILYN KAPLAN	1.00		İ						_	_
TREASURER		X		Х		╙		0.	0.	0.
(4) CHERYL GREENFELD-TEVEROW	1.00			١						
SECRETARY	1 00	Х	<u> </u>	X	ļ	<u> </u>	_	0.	0.	0.
(5) MELVIN ALPERIN	1.00				ľ					
DIRECTOR	1 00	Х			_	┡	_	0.	0.	0.
(6) MITZI BERKELHAMMER	1.00	.						0.	•	0
DIRECTOR, EX-OFFICIO (7) ROBIN ENGLE	1.00	Х			 -	₩		V •	0.	0.
DIRECTOR	1.00	x				ł		0.	0.	0.
(8) H. JACK FEIBELMAN	1.00	^			\vdash	\vdash		0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(9) MARK FEINSTEIN	1.00	∺								
DIRECTOR		х						0.	0.	0.
(10) DAVID HIRSCH	1.00						_			
DIRECTOR		x						0.	0.	0.
(11) RICHARD LICHT	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MICHAEL NULMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JAMES PIOUS (EFF. 6/12/2019)	1.00									
DIRECTOR		Х						0.	0.	0.
(14) RALPH POSNER	1.00									
DIRECTOR		X						0.	0.	0.
(15) JAY ROSENSTEIN	1.00									
DIRECTOR		Х						0.	0.	0.
(16) BARBARA SOKOLOFF (EFF. 6/19/201	1.00	_								
DIRECTOR	4 00	X				Щ		0.	0.	0.
(17) HERBERT STERN	1.00	_							_	•
DIRECTOR	L	X				L		0.	0.	0 .

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Form 990 (2018)

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Page 8

Part VII Section A. Officers, Directors, Tru		ploy	/ees			ighe	st C	T	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average hours per		Position (do not check more than one box, unless person is both an					Reportable	Reportat		stimate	-	
	week					ıs bol or/trus		compensation	compensa		ar	mount	of
	(list any	ě						from the	from relat organizati		COR	other opensa	tion
	hours for	director				- e	ļ	organization	(W-2/1099-N			rom the	
	related	lee or	t ustee			nsate		(W-2/1099-MISC)	`	,	1	ganızat	
	organizations	Tas	1 2		oyee	o mbe					an	d relat	ed
	below	Individual trustee or	Institutiona	 ;;	Кеу етрюуге	Highest compensated employee	Former				org	anızatı	ons
	line)	Ē	is i	Officer	ş	훈등	Ē				Ь—		
(18) MINDY WACHTENHEIM	1.00	۱								_			_
DIRECTOR		X	╙	<u> </u>	<u> </u>	↓_	<u> </u>	0.		0.	Ь		0.
(21) ADAM GREENMAN	8.00	-		.		ł			177	400	٦	1 7	~ 4
PRESIDENT/CEO (THROUGH 10/3/2018)	32.00	╀	┝	X	-		_	0.	173,	492.		1,7	34.
(22) DANIEL HAMEL CFO (THROUGH 10/3/2018)	32.00	┨		X				0.	106	E // 0	4	1 2	70
CFO (1HROUGH 10/3/2018)	32.00	-	┢	^	-	-	-	0.	106,	506.		1,2	70.
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	+		┢	 -	┢		-		-		├─		
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		1											
	 	┢	 -			H							
		1											
1b Sub-total	!						┢	0.	280,	000.	3	3,0	04.
c Total from continuation sheets to Part \	/II. Section A						•	0.		0.		-,-	0.
d Total (add lines 1b and 1c)							>	0.	280,	000.	3	3,0	04.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wh	no re	eceived more than \$100					
compensation from the organization						•			•				0
	_											Yes	No
3 Did the organization list any former officer	r, director, or tru	uste	e, ke	y er	nplo	yee,	or l	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		Х
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	ation	and	d oth	ner compensation from	the organizatio	n			
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for service	es			
rendered to the organization? If "Yes," cor	mplete Schedul	e J f	or s	uch _i	pers	son					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	ompensated in	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of co	ompens	ation	from	
the organization Report compensation for	r the calendar y	ear e	endı	ng w	vith	or w	ithir	the organization's tax y	/ear				
(A)		37/	``	_				(B)			(0		
Name and busines	s address	NC	ONE	<u> </u>			4	Description of s	ervices	μ.	ompe	nsation	<u>' </u>
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							\dashv			+			
							\dashv			+			
							-+			+-			
2 Total number of independent contractors	(including but a	O+ I	nita	d +-	tha	ما م	+~~	ahove) who recoved -	ore than	+-			
\$100,000 of compensation from the organ	•	ŲL III	inie(. iU	trios		, eu	above, wito received m	OIC HIAH				ļ
#100,000 of compensation from the organ	nzation -					_				1.		990 (2	

Form 990 (2018) RHODE I

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Total Add lines 2a 2f	P P		е				v			
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e Total. Add lines 11a-11d ▶ 9,623. 12 Total revenue. See instructions ▶ 8,535,909. 07,895. 7,480,918.			b							
e Total. Add lines 11a-11d ▶ 9,623. 12 Total revenue. See instructions ▶ 8,535,909. 07,895. 7,480,918.			С							
12 Total revenue. See instructions 8,535,909. 07,895. 7,480,918.			d	All other revenue						
			е	Total. Add lines 11a-11d		•				
		12		Total revenue. See instructions		<u> </u>	8,535,909.	0.	-7,895.	

Form 990 (2018) RHODE ISLAND
Part X Statement of Functional Expenses

05-0259003 Page 10

	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns All of	her organizations must c	omplete column (A)	
	Check if Schedule O contains a respo				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,666,775.	3,666,775.		
2	Grants and other assistance to domestic	46 520	46 520		
	individuals See Part IV, line 22	46,530.	46,530.	Propries and Company of the Company	TOOL AS TOOL COMPANY TO SHEET STATE OF THE
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	Individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				Leading Control of the Control of th
3	trustees, and key employees		1		
6	Compensation not included above, to disqualified		· · · · · ·	 	
Ŭ	persons (as defined under section 4958(f)(1)) and				•
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				,
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	11,051.		11,051.	
С	Accounting	31,500.		31,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	170 055			
f	Investment management fees	179,255.		179,255.	····
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0)				
12	Advertising and promotion	1,366.		1,366.	
13 14	Office expenses Information technology	1,300.		1,300.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	r money again, but with a saw roll.	Les and a season rente below a new recover	2 1/24 1 20 20 C L 25 1 1 20 C	CRITY JOB DUY & T. C. COPPE C. MAR. N
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, coliumn (A) amount, list line 24e expenses on Schedule 0.)			2020	a service de la constante de l
a	FOUNDATION SUPPORT FEES SHARED COST WITH JEWISH	323,251. 256,686.	_	323,251. 256,686.	
b	SURVED COST MILH DEMISH	450,000.	_	436,686.	
ا- C			 	<u> </u>	
d	All other eveness				·
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	4,516,414.	3,713,305.	803,109.	0.
26	Joint costs. Complete this line only if the organization	-, J-V, T-T-	3,,13,303.	303,103.	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				·
832010) 12-31-18		·		Form 990 (2018)
			10		(-3.0)

05-0259003 Page 11

<u>"Pa</u>	rt X	Balance Sheet			_	
		Check if Schedule O contains a response or note to any line	e in this Part X		_	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	556,725.
	2	Savings and temporary cash investments	•		2	640,231.
	3	Pledges and grants receivable, net			3	
	- 4	Accounts receivable, net	and the second of the second o	47,138.	4	
	5	Loans and other receivables from current and former officer	s, directors,		<u>&</u>	
		trustees, key employees, and highest compensated employ	ees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons	s (as defined under			
Assets		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary	*		
		employees' beneficiary organizations (see instr) Complete I	Part II of Sch L		6	
	7	Notes and loans receivable, net		,	7	
	8	Inventories for sale or use		2 160	8	
-	9	Prepaid expenses and deferred charges	,	2,169.	· 9	Pacaca, 31100 aperturas sepressivos processes
	10a	Land, buildings, and equipment cost or other	1 200		\$755. Y	
	١.	basis Complete Part VI of Schedule D	1,300.	1,300.		1,300.
	l	Less accumulated depreciation 10b		33,862,844.	10c	36,669,258.
	11 12	Investments - publicly traded securities Investments - other securities See Part IV, line 11		26,051,269.	11	19,618,940.
	13	Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11		20,031,203.	13	15,010,540.
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		128,167.	15	577,823.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	60,092,887.	16	58,064,277.	
	17	Accounts payable and accrued expenses	133,334.	17	485,026.	
	18	Grants payable			18	674,813.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Sc	hedule D	6,895,115.	21	
es.	22	Loans and other payables to current and former officers, di	ectors, trustees,		\$ 1980 1	
iliti		key employees, highest compensated employees, and disq	ualified persons		18.00	
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third pa			23	
	24	Unsecured notes and loans payable to unrelated third partic			24	
	25	Other liabilities (including federal income tax, payables to re				
		parties, and other liabilities not included on lines 17-24) Con	nplete Part X of	992,595.	05	
		Schedule D		8,021,044.	25 26	1,159,839.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check he	re X and	20,021,044. 2004-200 Freed 1932	20 (* '^)	**************************************
s		complete lines 27 through 29, and lines 33 and 34.	anu			
JCe	27	Unrestricted net assets		32,488,282.	27	38,021,210.
alar	28	Temporarily restricted net assets		3,712,174.	28	3,774,664.
d B	29	Permanently restricted net assets		15,871,387.	29	15,108,564.
'n		Organizations that do not follow SFAS 117 (ASC 958), ch	eck here 🕨 🗌		£16	To Sanda Sanda
Net Assets or Fund Balances		and complete lines 30 through 34.	•			
ets	30	Capital stock or trust principal, or current funds			30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fur	nd		31	
et/	32	Retained earnings, endowment, accumulated income, or other	ner funds		32	
z	33	Total net assets or fund balances		52,071,843.	33	56,904,438.
	34	Total liabilities and net assets/fund balances		60,092,887.	34	58,064,277.
						Form 990 (2018)

Form **990** (2018)

	990 (2018) RHODE ISLAND	05-	<u>-0259</u>	003	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
			_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	,535	9,9	09.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,516				
3	Revenue less expenses Subtract line 2 from line 1	3		,019				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,071				
5	Net unrealized gains (losses) on investments	5	5	-5,885,460.				
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8		,895				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-196	<u>5,5</u>	<u>55.</u>		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	<u>56</u>	,904	1,4	<u> 38.</u>		
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					<u>Ш</u>		
					Yes	No		
1	Accounting method used to prepare the Form 990			-		- 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	ļ					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		J	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	ļ					
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	,		Ĭ			
	consolidated basis, or both							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	thb					
	Act and OMB Circular A-133?			3a	_	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				
				Form 9	990 (2018)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Name of the organization JEWISH FEDERATION FOUNDATION OF GREATER Employer identification number RHODE ISLAND 05-0259003 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization 2 f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (II) EIN (rii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) JEWISH ALLIANCE OF GREATER RHODE ISLAN 27-4127671 X 7 689,411 THE RI FOUNDATION 22-2604963 8 Х 70,348.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ, 832021 10-11-18

759.759.

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 RHODE ISLAND 05-0259003 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total ,1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 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, etg (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Públic Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test -2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 . Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 RHODE ISLAND 05-0259003 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (d) 2017 (c) 2016(e) 2018 (f) Z otal 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtractine 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) **(b)** 2015 (c) 2016 (e) 2018 (a) 2014 (d) 2017 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 % Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment prome percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 18 Investment income percentage from 2017 Schedule A, Part III, line 17 % 19a 33 1/3% 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 not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33/1/3% support tests - 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 ine 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 Schedule A (Form 990 or 990-EZ) 2018 862023 10-11-18

Rant IV Supporting Organizations

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

Section A. All Supporting Organizations

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

_		г. —	
		Yes	No
	1. 35 PM		
*			200
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		XXXXXXX	
		1800	
	10b		
			_

	dule A (Form 990 or 990-EZ) 2018 KHODE ISLAND	3-025900	3 P.	age 5
Pa	TSupporting Organizations (continued)		Τ.,	T
11	Has the organization accepted a gift or contribution from any of the following persons?	Car	Yes	No 193
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a	-38	X
h	A family member of a person described in (a) above?	11b		X
	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	 	X
	tion B. Type-I Supporting-Organizations			
		<u> </u>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	d1488	XXX:	7.325
	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	X	3.3882.3
2	Did the organization operate for the benefit of any supported organization other than the supported			283
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
-	supervised, or controlled the supporting organization	2	× · · · · · · · · · · · · · · · · · · ·	X
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	K/Sikk		×414
	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	E VENE		
	the supported organization(s)	1		
Sec	tion 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		1,380	
	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		1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			13.35
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	ctions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions		
2	Activities Test Answer (a) and (b) below.	28000 - CT ACKES	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		2.36	
	that these activities constituted substantially all of its activities	2a	577 4000	20000000000
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1300	V.
	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	2,0000	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		المستشرقة	التشيا
	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	<u> X</u>	i i	2000
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	L	
		E. 200 20		

Sche	edule A (Form 990 or 990-EZ) 2018 RHODE ISLAND		0	5~0259003 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c			
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	ĺ		
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Mınimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	a's ferninge		Samon of Julian Commence
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	2		Military Ministration of Annaphropathy Survey of the
	factors (explain in detail in Part VI)	STATE OF THE PARTY		Triffinining of the control of the c
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	2000 A 8 200	
_2	Enter 85% of line 1	2	NOTE OF THE PARTY	
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	次分子·公文表為為	
7	Check here if the current year is the organization's first as a non-functional	Illy integr	ated Type III supporting orga	enization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

	edule A (Form 990 or 990-EZ) 2018 RHODE ISLAND) () (0) 0 · · · · 0	U	5-0259003 Page 7
4.7.4	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exc		<u> </u>	
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
_ <u>3</u> _4	Administrative expenses paid to accomplish exempt purpos	es of supported organization	1S	-
	Amounts paid to acquire exempt-use assets			
<u>-5</u> 6	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
0	(provide details in Part VI) See instructions	ile diganization is responsive	5	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	Line o amount divided by line 3 amount	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
		A rever a religional processor of the reverse of th	The second secon	Amount for 2010
<u>~1</u>	Distributable amount for 2018 from Section C, line 6			P AS AMPLE OF THE PROPERTY AND AREA. PAPERSON
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions		A SA SA SA SA SA SA SA SA SA SA SA SA SA	
3	Excess distributions carryover, if any, to 2018	A 10 10 10 10 10 10 10 10 10 10 10 10 10		
<u>a</u>	From 2013			
<u>b</u>	From 2014		NAMES OF STATE OF STA	THE DEC. OF STREET, ST
<u>č</u>	From 2015	A STATE OF THE STA		CONSIDERATION AND AND AND AND AND AND AND AND AND AN
	From 2016			
<u>e</u>	From 2017			
f	Total of lines 3a through e	PONT OFFICE SON PART CONTAINS NO. N. N.		
9	Applied to underdistributions of prior years	20 November 20 Nov	States On contain and order to the control of the c	A STANDARD AND A STANDARD
<u>h</u>	Applied to 2018 distributable amount		Control of the Contro	Z., in the webservoorbear Margaringanesson, 2000 S. 2000 Servors
	Carryover from 2013 not applied (see instructions)		TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	
<u></u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.	A Salaman salatan na asalasan kansasa salat 🗚		
4	Distributions for 2018 from Section D,			
	line / \$			
	Applied to underdistributions of prior years	NOTE OF THE PARTY	Col. Metalox controlocation and to the cold of the	
	Applied to 2018 distributable amount		OF IT SECRETARY AND A STAN AS A STAN	LAN ANTHORN BACK LAND BOOK OF BUT IN THE LAND
	Remainder Subtract lines 4a and 4b from 4	75 (6-C302000-0000000000000000000000000000000		
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions		2000 1000 1000 1000 1000 1000 1000 1000	
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			2000 CONTENSESSO ASSESSADE DAGGE - P. 4000 U. T. S. S. S.
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c	District Control of the Control of t		NOW TO WELL THE CONTROL OF THE CONTR
8	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015	330		Property and the second second second second second second second second second second second second second se
	Excess from 2016		THE REPORT OF THE PROPERTY OF THE PARTY OF T	. Approximation of the
a	Excess from 2017	The state of the s		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 RHODE ISLAND 05-0259003 Page	e 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	
PART IV, SECTION A, LINE 6:	
GRANTS WERE MADE TO OTHER SECTION 501(C)(3) ORGANIZATIONS WHICH CARRY	
OUT THE CHARITABLE PURPOSE OF THE JEWISH FEDERATION FOUNDATION OF	
GREATER RHODE ISLAND (FOUNDATION) IN ACCORDANCE WITH THE REQUIREMENTS	
ON SECTION 509(A)(3). SUCH GRANTS ARE IN FURTHERANCE OF THE	
FOUNDATION'S EXEMPT PURPOSE AND SUPPLEMENTS AS WELL AS ASSISTS IN	
PERFORMING THE FUNCTION OF THE FOUNDATION BY SUPPLEMENTING AND	
ENHANCING THE FOUNDATION'S GRANTMAKING PROGRAM. A LIST OF SUCH GRANTS	
IN EXCESS OF \$5,000 IS INCLUDED IN SCHEDULE I.	
	_

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

JEWISH FEDERATION FOUNDATION OF GREATER

OMB No 1545-0047 Open to Public **

Inspection

Employer identification number

RHODE ISLAND 05-0259003 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the

Total number at end of year 139 3 Aggregate value of contributions to (during year) 1,560,681. 3 4,003. 3 4,003. 3 4,003. 3 4,003. 3 4,003. 3 4,003. 3 4,003. 3 1,7,966,888. 4,003. 3 1,7,966,888. 4,003. 3 1,7,966,888. 4,003.		Organizations walltaining borior Advise		ACCO	urits.Complete il ti	ie
1 Total number at end of year 2 Aggregate value of contributions to (dumg year) 3 Aggregate value of grants from (curng year) 4 Aggregate value of grants from (curng year) 1 1, 560, 681. 1 7, 966, 888. 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization from all donors and donor advisors in writing that the assets held in donor advised funds are the organization in grants and form 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 contro? 8 Did the organization from all grantsets, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat 9 Protection of natural habitat 1 Preservation of specific purposes and protection or education) Preservation of a confered historic structure and the form of a conservation assement is last at the xy year 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement is of the tax year and the purpose restricted by conservation easements. 2 Preservation of accomplication assembly and the purpose restricted by conservation easements. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year year by a suppose the purpose		organization answered "Yes" on Form 990, Part IV, lin		(b) Fur	nds and other accou	ınts
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Purpose(s) of conservation easements held by the organization (check all that apply)	Pai		anization answered "Yes" on Form 990. Part	IV. line 7		
Preservation of land for public use (e.g., recreation or education)				,		
Protection of natural habitat	•		· · · · · · · · · · · · · · · · · · ·	ally impo	rtant land area	
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets/continued/ (check all that apply) a Public exhibition d Loan or exchange programs b Scholarly research d Loan or exchange programs c Preservation for Nuture generations d Provide a description of the organization solicit or received deviations and explain how they further the organization's exempt purpose in Part XIII During the year, odd the organization solicit or received donations of art, historical treasures, or other similar assets to be sold for asset for the organization solicit or received donations of art, historical treasures, or other similar assets to be sold to raise fund; after than to be maintained as part of the organization collection? Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization collection? Ves No Part V Escrow and Custodial Arrangements. Complete the following table Ves Ves No b if "Yes," explain the arrangement in Part XIII and complete the following table Ves		edule D (Form 990) 2018 RHODE I						59003 Page 2
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b Scholarly research c Preservation for future generations 4 Provide a description of the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or incurve donations of art, instancial treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization collection? ▼ Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ▼ Ves X No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability? ▼ Ves X No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability? ▼ Ves X No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization has been provided on Part XIII Beginning of year balance 132,551,320, 31,578,429, 29,292,371, 19,178,040, 33,538,483, 153,578,429, 29,292,371, 19,178,040, 33,538,483, 164, Complete organization and the provided part of the organization of the organization of the organization of the organization of the organization		(check all that apply)						
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a Board designated or quasi-endowment ▶ 46.00 % b Permanent endowment ▶ 46.00 % c Temporarily restricted endowment ▶ 12.00 % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (other) 1a Land 5 Buildings 5 C Leasehold improvements 6 Equipment 6 Other	•	•				29,	292,3/1.	29,178,040.
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Temporarily restricted endowment ▶ 12.00 % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land 1,300. 1,300. 1,300. 2 Leasehold improvements 4 Equipment Cother		45.00		_%				
The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (other) 1a Land 1 , 300 . Buildings c Leasehold improvements d Equipment e Other								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (other) Complete in Part X, line 10 Description of property (b) Cost or other basis (other) Complete in Part X, line 10 Description of property (c) Accumulated depreciation 1 , 300 . 1 , 300 . Equipment Complete in the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete in the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete in the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete in the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete in the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete in the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete in the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete in the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete in the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete in the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete in the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete in the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X,	C	` ' 						
Second Part VI Land, Buildings, and Equipment Sali Cost or other basis (investment) Sali Cost or other basis (investment) Sali Cost or other basis (investment) Sali Cost or other basis (investment) Sali Cost or other basis (investment) Sali Cost or other basis (investment) Sali Cost or other basis (investment) Sali Cost or other basis (investment) Sali Cost or other basis (investment) Sali Cost or other basis (investment) Sali Cost or other basis (investment) Sali Cost or other basis (investment) Sali Cost or other basis (investment) Sali Cost or other basis (investment) Sali Cost or other basis (investment) Sali Cost or other basis (investment) Sali Cost	20	•	•			41	4	
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(iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1,300. 1,300. b Buildings 1,300. 1,300. c Leasehold improvements d Equipment e Other (b) Cost or other basis (other) (c) Accumulated depreciation 1								
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A Describe in Part XIII the intended uses of the organization's endowment funds Part VI	h	• •	tions listed as requir	ed on Schedule R?				- ' '
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land 1 , 300. b Buildings c Leasehold improvements d Equipment e Other (b) Cost or other basis (other) (c) Accumulated depreciation 1 , 300.								
Description of property (a) Cost or other basis (investment) 1a Land 1 , 300. Description of property (b) Cost or other basis (other) (c) Accumulated depreciation 1 , 300. 1 , 300. Leasehold improvements d Equipment e Other	Par							
basis (investment) basis (other) depreciation 1a Land 1,300. 1,300. b Buildings C Leasehold improvements d Equipment e Other				, Part IV, line 11a S	Gee Form 990, Part X	(, line 10		
basis (investment) basis (other) depreciation 1a Land 1,300. 1,300. b Buildings C Leasehold improvements d Equipment e Other				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		ed T	(d) Book value
1a Land 1,300. 1,300. b Buildings c Leasehold improvements d Equipment e Other			1 ' '	1 ' '				,, = ·
b Buildings c Leasehold improvements d Equipment e Other	1a	Land	1,:	300.				1,300.
c Leasehold improvements d Equipment e Other			,		T			
d Equipment e Other		-	-					
e Other		•			†			
		• •						
			qual Form 990, Part	X, column (B), line 1	0c)		▶	1,300.

R	HO	D	F.	Т	S	Τ.	Α	ND	

05-0259003 Page 3

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) FOREIGN BONDS	1,825,000.		
(B) US TREASURY BOND	467,307.		
(C) FLEXIBLE CAPITAL	8,009,481.		
(D) PRIVATE EQUITY	4,031,984.		
(E) REAL ASSETS	5,176,195.	End-of-Year Marke	
(F) OTHER	108,973.	End-of-Year Marke	t Value
(G)			
(H)	10 (10 040		The second second second second
Total (Col (b) must equal Form 990, Part X, col. (B) line 12)	19,618,940.		Marin Control of the Control of the Control
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or e	nd-of-year market value
(1)	<u> </u>		· -
(2)			···
(3)		 	
(4)	-		
(5)			
(6)		· · · · · · · · · · · · · · · · · · ·	···
(7)			
(8)	<u> </u>		
(9) Total (Col (b) must oqual Form 000 Port V col (P) line 12)			MARK MET 1 - NOVA ISSNER SEKE I S NOVA SKRIVEN SE
Total (Col (b) must equal Form 990, Part X, col. (B) line 13.) ▶ ☐ Part IX, Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d Soc Form 000 Part V line 15	
	Description	TIO See FUIII 950, Fait A, III 6 13	(b) Book value
(1)			(5) 555
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			+
(8)			
(9)	• • • • • • • • • • • • • • • • • • • •		
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)	-	<u> </u>
Part X. Other Liabilities.	· · ·		-
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line ?	25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (h) must equal Form 900, Part V, col. (P) line	251		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

JEWISH FEDERATION FOUNDATION OF GREATER 05-0259003 Page 4 RHODE ISLAND Schedule D (Form 990) 2018 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2a a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII) 2e e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses **2**c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) 4h c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information Part V, line 4: THE ENDOWMENT FUNDS ARE MANAGED AS PERMANENT FUNDS WITH A DISCIPLINED LONG-TERM INVESTMENT OBJECTIVE AND STRATEGY. CAREFUL MANAGEMENT OF THE ASSETS IS DESIGNED TO ENSURE A TOTAL RETURN NECESSARY TO PRESERVE AND ENHANCE THE FUND'S PRINCIPAL AND AT THE SAME TIME PROVIDE A DEPENDABLE SOURCE OF INCOME FOR THE ORGANIZATION. Part X, Line 2: THE FOUNDATION IS HIGHLY CONFIDENT THAT IT HAS AT ALL TIMES MAINTAINED ITS

TAX-EXEMPT STATUS BY FULLFILLING ITS MISSION AND IS CONFIDENT THAT THE VAST MAJORITY OF ITS OPERATIONS AND REVENUES ARE EXEMPT FROM INCOME TAX LIABILITY. MANAGEMENT ASSERTS THAT NO SUCH UNCERTAIN TAX POSITIONS EXISTS 832054 10-29-18

JEWISH FEDERATION FOUNDATION OF GREATER 05-0259003 Page 5 Schedule D (Form 990) 2018 RHODE ISLA Part XIII Supplemental Information (continued) RHODE ISLAND FOR THE FOUNDATION AT JUNE 30, 2019.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 🤻 🥞

JEV	e of the organization	ON FOUND	ATION OF	GREATER		Employer identifi					
	DDE ISLAND		ativitias Ov	taida tha I laitad Ctata		05-025900					
Pai	rt'I, General Info		ctivities Qu	tside the United States. Compl	ete if the organ	ization answered "Y	es" on				
1			maintain recor	ds to substantiate the amount of its or	ants and other	assistance					
-	1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantes or assistance, and the selection criteria used to award the grants or assistance? Yes No										
	,	.			- 3						
2	For grantmakers. Desc United States	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistance outs	ade the				
3	Activities per Region (T	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed)						
	(a) Region	(b) Number of offices in the region	`employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region				
CENT	RAL AMERICA AND										
THE	CARIBBEAN -										
ANTI	GUA & BARBUDA,										
ARUE	A, BAHAMAS	0	0		1		0.				
	•			,							
			,								
3 a	Subtotal	0	0			6.	0.				
b	Total from continuation										
	sheets to Part I	0	0	OF THE PROPERTY OF THE PROPERT	\$ 12 8 3 1		0.				
c	Totals (add lines 3a and 3b)	0	0				0.				

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

JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND

Schedule F	(Form 9	9901	2018

05-0259003

Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
· WANT - 1 WANTE - WANTE -	, spare sound							
,	* (mmm 1 mm							
-								
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as chanties by th	e foreign country	, recognized as tax e	xempt		

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2018 RHODE ISLAND 05-0259003 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated it additional space is needed

(a) Type of grant or assistance

(b) Region

(c) Number of cash grant cash disbursement

(d) Amount of cash disbursement

(e) Manner of cash disbursement

(n) Method of valuation in noncash assistance

(h) Method of valuation in noncash assistance

(h) Method of valuation in noncash assistance

(h) Method of valuation in noncash assistance

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(h) Method of valuation in noncash assistance

Schedule F (Form 990) 2018

34

Sched	ule F	(Form 990) 2018 RHODE ISLAND	05-0259003	Page 4
Part	ΙV	Foreign Forms		
1	orga	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the anization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	Yes	No X
2	may Trus	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization of the required to separately file Form 3520, Annual Return To Report Transactions With Foreign sits and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign sit With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	☐ Yes	X No
3	the o	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To tain Foreign Corporations (see Instructions for Form 5471)	X Yes	□ No
4	qual Info	s the organization a direct or indirect shareholder of a passive foreign investment company or a lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund Instructions for Form 8621)	X Yes	□ No
5	the o	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain eign Partnerships (see Instructions for Form 8865)	X Yes	□ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to separately file Form 5713, International Boycott Report (see ructions for Form 5713, don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018 RHODE ISLAND	05-0259003	Page 5
Part V Supplemental Information		<u> </u>
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounts)	ounting method, amounts of	
investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting m		•
(estimated number of recipients), as applicable. Also complete this part to provide any additional in	formation See instructions	
PART I, LINE 3, COLUMN F		
THE INVESTMENT IN ARCHIPELAGO HOLDING, LTD WAS ASSIGNED	OVER TO THE	
RHODE ISLAND COMMUNITY FOUNDATION EFFECTIVE 12/31/2018.	THE VALUE OF	
THE INVESTMENT TRANSFERRED WAS \$3,871,121.82, AS SUCH THE	HE JEWISH	
FEDERATION FOUNDATION NO LONGER HAS ANY FOREIGN INVESTME	ENTS EFFECTIVE	
12/31/2018.		
10,027,2010		_
		
		<u></u>
	·····	
<u></u>		

SCHEDULE I	
(Form 990)	

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service	► Attach to Form 990 ► Go to www.irs.gov/Form990 for the latest information							Open to Public Inspection
						Employer identification number		
Pert/I General Infor	mation on Grants a							05-0259003
, = - ,			e amount of the grants	or acceptance, the	arantoos okobulit	v for the erects or se	ristance, and the color	*****
	rd the grants or assi		e amount of the grants	or assistance, the	grantees engionit	y for the grants or as:	sistance, and the selec	X Yes No
	_		toring the use of grant	funde in the Linite	d States			II TESNO
T = 1.44			zations and Domesti		_	anization answered *\	res" on Form 990. Par	t IV line 21 for any
		_	be duplicated if addit					tr, me 21, 101 ary
1 (a) Name and address of organization or government		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Brown Hillel Founda 80 Brown Street Providence, RI 0290		05-6019146	501(C)(3)	3,523.	0.			Enhancement of the Hillel Program at Brown University and /or repairs or capital
Brown Hillel Founda 80 Brown Street Providence, RI 0290		05-6019146	501(C)(3)	400	0			Rosh Hodesh
Brown Hillel Founda 80 Brown Street Providence, RI 0290		05-6019146	501(C)(3)	200	0			support the organization's mission
Brown Hillel Founda 80 Brown Street Providence, RI 0290		05-6019146	501(C)(3)	100	0			Unrestricted
Brown Hillel Founda 80 Brown Street Providence, RI 0290		05-6019146	501(C)(3)	1,000	0			Unrestricted
Brown Hillel Founda 80 Brown Street Providence, RI 0290		05-6019146	501(C)(3)	100.	0			unrestricted support
	of other organization	s listed in the line		e line 1 table				30. > 1. Schedule I (Form 990) (2018)

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

See Part IV for Column (h) descriptions

832101 11 02 18

05-0268612 S01(C)(3)

05-0268612 501(C)(3)

RHODE ISLAND 05-0259003 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation (book, FMV, appraisal, other) organization or government non cash non cash assistance or assistance if applicable cash grant assistance Brown Hillel Foundation 80 Brown Street Vogel 2019 Fiscal Year Providence, RI 02906 05-6019146 501(C)(3) 10,000 0. annual fund gift Camp JORI PO Box 5299 Wakefield, RI 02880 05-0268612 501(C)(3) 50 0 general support Camp JORI PO Box 5299 Wakefield, RI 02880 05-0268612 501(C)(3) 500 Professional development Camp JORI Professional PO Box 5299 Development/Staff Wakefield, RI 02880 05-0268612 501(C)(3) 1,000 Fraining Camp JORI PO Box 5299 Ruth Samdperil Endowment Wakefield, RI 02880 05-0268612 501(C)(3) 2,000 Fund for the Visual Arts Camp JORI PO Box 5299 To support programs of Wakefield, RI 02880 05-0268612 501(C)(3) 500 Dewish arts and culture Camp JORI PO Box 5299 Wakefield, RI 02880 05-0268612 501(C)(3) 250 0 unrestricted support Camp JORI PO Box 5299

> unrestricted support Schedule I (Form 990)

unrestricted support

832241 04 01 18

Camp JORI PO Box 5299

Wakefield, RI 02880

Wakefield, RI 02880

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05-0271585 501(C)(3)

Schedule I (Form 990) RHODE ISLAND 05-0259003 Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (a) Name and address of (b) EIN (c) IRC section (e) Amount of (f) Method of (d) Amount of (a) Description of (h) Purpose of grant valuation (book, FMV, organization or government if applicable cash grant assistance appraisal, other) Camp JORI PO Box 5299 05-0268612 501(C)(3) Wakefield, RI 02880 865 0 unrestricted support Camp JORI PO Box 5299 05-0268612 501(C)(3) Wakefield, RI 02880 500 0 unrestricted support CLAL-The National Jewish Center for Learning and Leadership Inc 440 Park Avenue South 4th Floor -Rabbı Babchuck New York, NY 10016-8012 23-7390358 501(C)(3) 7,500 0 Discretionary Fund CLAL-The National Jewish Center for Learning and Leadership Inc. 440 Park Avenue South 4th Floor -New York, NY 10016-8012 23-7390358 501(C)(3) 1 000 0 unrestricted support Congregation Agudas Achim Fund 901 North Main Street Attleboro, MA 02703 04-2675103 Rel 12,817 0 unrestricted support Congregation Beth Sholom 275 Camp Street Beth Sholom Rabbı 05-0271585 501(C)(3) Providence, RI 02906 36.000 0 Discretionary Fund Congregation Beth Sholom 275 Camp Street 05-0271585 501(C)(3) Providence, RI 02906 4.000 0 Kol Nidre Appeal Congregation Beth Sholom 275 Camp Street Rabbi Dolinger's 05-0271585 501(C)(3) Providence, RI 02906 18,000 0 Discretionary Fund

Schedule I (Form 990)

Rabbi's discretionary

fund

Congregation Beth Sholom 275 Camp Street

Providence, RI 02906

25,000

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RHODE ISLAND Schedule I (Form 990)

05-0259003 Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (a) Name and address of (c) IRC section (b) EIN (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant non cash assistance valuation (book, FMV, or assistance organization or government if applicable cash grant ion cash assistance appraisal, other) Congregation Beth Sholom 2/5 Camp Street Providence, RI 02906 05-0271585 501(C)(3) 7,000 unrestricted support Congregation Beth Sholom 275 Camp Street Providence, RI 02906 05-0271585 501(C)(3) 1,800 0 unrestricted support Congregation Beth Sholom 275 Camp Street Providence, RI 02906 05-0271585 501(C)(3) 333 0 unrestricted support Congregation Beth Sholom 275 Camp Street Providence, RI 02906 05-0271585 501(C)(3) 865 0 unrestricted support Congregation Beth Sholom 275 Camp Street Providence, RI 02906 05-0271585 501(C)(3) 250 0 unrestricted support Congregation Beth Sholom 275 Camp Street Providence, RI 02906 05-0271585 501(C)(3) 180 0 nrestricted support Congregation Beth Sholom 275 Camp Street Women, Torah, and Providence, RI 02906 05-0271585 501(C)(3) 700 0 Leadership Series Congregation Jeshuat Israel at Touro Synagogue - 85 Touro Street 05-0255359 501(C)(3) - Newport, RI 02840 5,000 0 eligious school Congregation Jeshuat Israel at Touro Synagogue - 85 Touro Street - Newport, RI 02840 05-0255359 501(C)(3) 7,794 0 inrestricted support

Schedule I (Form 990)

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JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND 05-0259003 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant if applicable organization or government cash grant non cash valuation non cash assistance or assistance (book, FMV, assistance appraisal, other) Congregation Jeshuat Israel at Touro Synayogue - 85 Touro Street - Newport, RI 02840 05-0255359 501(C)(3) 1,000 unrestricted support Dana-Farber Cancer Institute Elizabeth Silverman PO Box 849168 Thriving in Survivorship Boston, MA 02284-9168 04-2263040 501(C)(3) 200 0 ?und Dana-Farber Cancer Institute PO Box 849168 Boston, MA 02284-9168 04-2263040 501(C)(3) General support 1,800 Dana-Parber Cancer Institute PO Box 849168 Boston, MA 02284-9168 04-2263040 501(C)(3) 36,000 0 Grace Goldberg Fund Dana-Farber Cancer Institute PO Box 849168 Boston, MA 02284-9168 04-2263040 501(C)(3) 1,000 0 unrestricted support Dana-Farber Cancer Institute PO Box 849168 Boston, MA 02284-9168 04-2263040 501(C)(3) 250 0 unrestricted support Dana-Parber Cancer Institute PO Box 849168 04-2263040 501(C)(3) Boston, MA 02284-9168 1.500 0 unrestricted support Dana-Farber Cancer Institute PO Box 849168 Boston, MA 02284-9168 04-2263040 501(C)(3) unrestricted support 18,000 0 Dana-Farber Cancer Institute PO Box 849168 Boston, MA 02284-9168 04-2263040 501(C)(3) unrestricted support 50 0

Schedule I (Form 990)

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RHODE ISLAND Schedule I (Form 990) 05-0259003 Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (a) Name and address of (h) Purpose of grant or assistance (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of valuation (book, FMV, appraisal, other) non cash assistance organization or government if applicable cash grant on cash assistance Dana-Farber Cancer Institute PO Box 849168 Boston, MA 02284-9168 04-2263040 501(C)(3) 50 unrestricted support Dartmouth College 6066 Development Office Hanover, NH 03755 02-0222111 501(C)(3) 5,000 0 Dartmouth College Hillel Dartmouth College 6066 Development Office Hanover, NH 03755 02-0222111 501(C)(3) 10,000 0 Tuck School of Business Dartmouth College 6066 Development Office Tuck School of Business 02-0222111 501(C)(3) Hanover, NH 03755 5,000 0 for Tuck Annual Giving Dartmouth College 6066 Development Office 02-0222111 501(C)(3) Hanover, NH 03755 10,000 0 unrestricted support Denver Botanic Garden, Inc 909 York Street 84-0440359 501(C)(3) Denver, CO 80206 7 500 0 unrestricted support Eye to Eye, Inc. 50 Broad Street, Suite 1702 New York, NY 10004 51-0570498 501(C)(3) 25 000 0 nrestricted support Eye to Eye, Inc 50 Broad Street, Suite 1702 51-0570498 501(C)(3) New York, NY 10004 1,800 0 nrestricted support Designated for Hadassah Hadassah, Women's Zionist Hospital, Jerusalem,

Schedule I (Form 990)

Israel for the purpose of

832241 04-01-18

Organization of Amer. - 40 Wall

St. 8th Floor - New York, NY 10005 13-1656651 501(C)(3)

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05-6019148 501(C)(3)

RHODE ISLAND 05-0259003 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant non cash valuation non cash assistance or assistance (book, FMV, appraisal, other) Hadassah Women's Zionist Organization of Amer. - 40 Wall Hadassah Hospital at St 8th Ploor - New York, NY 10005 13-1656651 501(C)(3) 701 0 Hebrew University Hadassah Women's Zionist Organization of Amer - 40 Wall support the St. 8th Floor - New York, NY 10005 13-1656651 501(C)(3) 300 0 organization's mission Hadassah Women's Zionist Organization of Amer - 40 Wall St. 8th Floor - New York, NY 10005 13-1656651 501(C)(3) 500 0 unrestricted support Hadassah Women's Zionist Organization of Amer. - 40 Wall St. 8th Floor - New York, NY 10005 13-1656651 501(C)(3) 100 0 unrestricted support Hadassah Women's Zionist Organization of Amer. - 40 Wall St 8th Floor - New York, NY 10005 13-1656651 501(C)(3) 300 0 unrestricted support Enhancement of the Hillel Foundation at University of program of the Hillel Rhode Island - 6 Fraternity Circle Poundation and/or repairs - Kingston, RI 02881 05-6019148 501(C)(3) 5,605 or capital improvements Por enhancement of the Hillel Foundation at University of program of the Hillel Rhode Island - 6 Fraternity Circle Foundation and/or repairs - Kingston, RI 02881 05-6019148 501(C)(3) 1,465 or Capital improvements Hillel Foundation at University of Rhode Island - 6 Fraternity Circle For general purposes at - Kingston, RI 02881 05-6019148 501(C)(3) 420 0 URI Hillel

Schedule I (Form 990)

Maintaining and

URI Hillel library

purchasing books for the

832241 04 01-18

Hillel Foundation at University of

Rhode Island - 6 Fraternity Circle

- Kingston, RI 02881

JEWISH FE Schedule I (Form 990) RHODE ISL		FOUNDATION	OF GREATE	R		0	15-0259003 Page 1
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
Hillel Foundation at University of khode island - 6 Fraternity Circle - Kingston, RI 02881		501(C)(3)	500.	0			Professional development
Hillel Poundation at University of Rhode Island - 6 Fraternity Circle - Kingston, RI 02881		501(C)(3)	625.	0			Rosh Hodesh Sorority Events
Hillel Foundation at University of Rhode Island - 6 Fraternity Circle - Kingston, RI 02881		501(C)(3)	500	0.			unrestricted support
Hillel Foundation at University of Rhode Island - 6 Fraternity Circle - Kingston, RI 02881	05-6019148	501(C)(3)	100.	0			unrestricted support
Hillel Foundation at University of Rhode Island - 6 Fraternity Circle - Kingston, RI 02881	05-6019148	501(C)(3)	2,500	0.			unrestricted support
Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue - Providence, RI 02906	27-4127671	501(C)(3)	7,500.	0			Adam Greenman Discretionary Fund
Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue - Providence, RI 02906	27-4127671	501(C)(3)	34,000	0			annual campaign
Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue - Providence, RI 02906	27-4127671	501(C)(3)	500.	0			annual campaign
Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue - Providence, RI 02906	27-4127671	501(C)(3)	2,300	0			annual campaign

Schedule I (Form 990)

JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND

27-4127671 501(C)(3)

27-4127671 501(C)(3)

27-4127671 501(C)(3)

27-4127671 501(C)(3)

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant or assistance organization or government if applicable non cash valuation cash grant non cash assistance (book, FMV, appraisal, other) assistance Jewish Alliance of Greater Rhode island - 401 Elmgrove Avenue -27-4127671 Providence, RI 02906 501(C)(3) 1,000 0 annual campaign Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue -27-4127671 501(C)(3) Providence, RI 02906 8,000 0 annual gift Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue -Providence, RI 02906 27-4127671 501(C)(3) 5,200 ٥ annual gift Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue -Providence, RI 02906 27-4127671 501(C)(3) 9,900 0 annual gift Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue -Providence, RI 02906 27-4127671 501(C)(3) 1,000 0 annual gift Jewish Alliance of Greater Rhode

Schedule I (Form 990)

05-0259003

Annual gift

Capital Campaign

Distribution

Distribution

Page 1

832241 04-01 18

Island - 401 Elmgrove Avenue -Providence, RI 02906

Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue -Providence, RI 02906

Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue -Providence, RI 02906

Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue -Providence, RI 02906

Schedule I (Form 990)

38

2,100

4,000

1,000

27-4127671 501(C)(3)

RHODE ISLAND 05-0259003 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant non-cash organization or government if applicable cash grant valuation non cash assistance or assistance (book, FMV, appraisal, other) assistance Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue -Providence, RI 02906 27-4127671 501(C)(3) 50 general fund Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue -Providence, RI 02906 27-4127671 501(C)(3) 250,832 0 eneral support Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue -Providence, RI 02906 27-4127671 501(C)(3) 50 General support Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue -Providence, RI 02906 27-4127671 501(C)(3) 507,311 General Support Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue -Providence, RI 02906 27-4127671 501(C)(3) 15,000 General Support Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue -Providence, RI 02906 27-4127671 501(C)(3) 50 0 General support Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue -Providence, RI 02906 27-4127671 501(C)(3) 3,500 Professional development 0 Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue -Providence, RI 02906 27-4127671 501(C)(3) 74,648 rechnology Grant 0 Jewish Alliance of Greater Rhode

> unrestricted support Schedule I (Form 990)

832241 04-01 18

Island - 401 Elmgrove Avenue -Providence, RI 02906

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1,021,539

JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND

Schedule I (Form 990) RHODE IS:		FOUNDATION	OF GREATE	ĸ		C	05-0259003 Page 1
Part II Continuation of Grants and Othe	r Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), P	art II)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
Jewish Collaborative Services 1165 North Main St Providence, RI 02904	82-2962600	501(C)(3)	3,072	0			Louis and Goldie Chester Full Plate Kosher Food Pantry
Jewish Collaborative Services 1165 North Main St. Providence, RI 02904	82-2962600	501(C)(3)	2,259	0			Memorial prayers
Jewish Collaborative Services 1165 North Main St Providence, RI 02904	82-2962600	501(C)(3)	195.	0			Memorial prayers
Jewish Collaborative Services 1165 North Main St. Providence, RI 02904	82-2962600	501(C)(3)	1,527.	0.			unrestricted support
Jewish Collaborative Services 1165 North Main St. Providence, RI 02904	82-2962600	501(C)(3)	353.	0			unrestricted support
Jewish Collaborative Services 1165 North Main St. Providence, RI 02904	82-2962600	501(C)(3)	126	0,			unrestricted support
Jewish Collaborative Services 1165 North Main St. Providence, RI 02904	82-2962600	501(C)(3)	50	0			unrestricted support
Jewish Collaborative Services 1165 North Main St Providence, RI 02904	82-2962600	501(C)(3)	500.	0.			unrestricted support
Jewish Communial Pund 575 Madison Avenue Suite 703 New York, NY 10022	23-7174183	501(C)(3)	150,000	٥.			Richard and Betsy Shuster Fund

Schedule I (Form 990)

45-3007322 501(C)(3)

RHODE ISLAND 05-0259003 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule 1 (Form 990), Part II) (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (a) Name and address of (b) EIN (h) Purpose of grant organization or government if applicable cash grant non cash valuation non cash assistance or assistance (book, FMV, appraisal, other) assistance Jewish Community Day School of Rhode Island - 85 Taft Avenue -Providence, RI 02906 45-3007322 501(C)(3) 550 annual campaign Jewish Community Day School of Rhode Island - 85 Taft Avenue -Providence, RI 02906 45-3007322 501(C)(3) 500 0 nnual fund Jewish Community Day School of Rhode Island - 85 Taft Avenue -FY2018 Annual Providence RI 02906 45-3007322 501(C)(3) 53,318 Distribution Jewish Community Day School of Rhode Island - 85 Taft Avenue -45-3007322 501(C)(3) 12,000 Providence, RI 02906 general fund Jewish Community Day School of Rhode Island - 85 Taft Avenue -Providence, RI 02906 45-3007322 501(C)(3) 300 0 general support Jewish Community Day School of Rhode Island - 85 Taft Avenue -Providence, RI 02906 45-3007322 501(C)(3) 1,000 0 general support Jewish Community Day School of Rhode Island - 85 Taft Avenue -Providence, RI 02906 45-3007322 501(C)(3) 500 0 Professional Development Jewish Community Day School of Rhode Island - 85 Taft Avenue -Providence RI 02906 45-3007322 501(C)(3) 2,500 0 Professional Development Jewish Community Day School of Rhode Island - 85 Taft Avenue -

Schedule I (Form 990)

unrestricted support

832241 04-01-18

Providence, RI 02906

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04-3090367 501(C)(3)

05-0259003 RHODE ISLAND Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation (book, FMV, organization or government if applicable cash grant non cash non cash assistance or assistance assistance appraisal, other Jewish Community Day School of Rhode Island - 85 Taft Avenue -Providence, RI 02906 45-3007322 501(C)(3) 180 0 unrestricted support Jewish Community Day School of Rhode Island - 85 Taft Avenue -Providence, RI 02906 45-3007322 501(C)(3) 10,000 nrestricted support Jewish Community Day School of Rhode Island - 85 Taft Avenue Providence, RI 02906 45-3007322 501(C)(3) unrestricted support 14,100 Jewish Community Day School of Rhode Island - 85 Taft Avenue -Providence, RI 02906 45-3007322 501(C)(3) 50 unrestricted support Jewish Community Day School of Rhode Island - 85 Taft Avenue -Providence, RI 02906 45-3007322 501(C)(3) 126 0 unrestricted support Jewish Community Day School of Rhode Island - 85 Taft Avenue -45-3007322 501(C)(3) Providence, RI 02906 630 0 nrestricted support Jewish Community Day School of Rhode Island - 85 Taft Avenue -Providence, RI 02906 45-3007322 501(C)(3) 60 0 unrestricted support Jewish Community Day School of Rhode Island - 85 Taft Avenue -45-3007322 501(C)(3) Providence, RI 02906 unrestricted support 6,000 0 Jewish Federation of Cape Cod, Inc. - PO Box 2568 - Hyannis, MA

> general support Schedule I (Form 990)

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JEWISH FEDERATION FOUNDATION OF GREATER
RHODE ISLAND
of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part ||) 05-0259003 Page 1

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	int II)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
Tanach Badamahaan of Gasaban							
Jewish Pederation of Greater Houston - 5603 South Bracewood							
Boulevard - Houston, TX 77096-3907	74-1109654	501(C)(3)	5,000				general support
Boulevalu - Houston, 1x //090-390/	74-1109034	B01(C)(3)	3,000	-		 	general support
Jewish Federation of Greater		1					
Houston - 5603 South Braeswood							
Boulevard - Houston, TX 77096-3907	74-1109654	501(C)(3)	2,000	۱ .			general support
Boulevalu - Houseon, In 11030 3301	74 110,054	501(0)(3)	2,000				general support
Lown Institute, Inc							
830 Buylston St #205							
Chestnut Hill, MA 02467	04-3291770	501(C)(3)	25,000		1		unrestricted support
			,				
Motion Picture and Television Fund							
23388 Mulholland Drive, Suite 2200	i		į .		İ		
Woodland Hills, CA 91364		501(C)(3)	15,000.	0			unrestricted support
Museum Associates of the Los						 	
Angeles County Museum of Art -							
5905 Wilshire Blvd - Los Angeles						1	
CA 90036	95-2264067	501(C)(3)	54,000	0.		İ	unrestricted support
Museum Associates of the Los				_	<u> </u>		
Angeles County Museum of Art -							
5905 Wilshire Blvd - Los Angeles,							
CA 90036	95-2264067	501(C)(3)	25,000	0.			unrestricted support
Museum Associates of the Los							
Angeles County Museum of Art -							
5905 Wilshire Blvd - Los Angeles,							
CA 90036	95-2264067	501(C)(3)	57,200.	0			unrestricted support
Narragansett Council, Boy Scouts							Friends of Scouting
of America - PO Box 14777 - East]				Appeal/Distinguished
Providence, RI 02914-0777	05-0308384	501(C)(3)	6,000.	0			Citizen Award
Narragansett Council, Boy Scouts							
of America - PO Box 14777 - East							Jewish Committee on
Providence, RI 02914-0777	05-0308384	501(C)(3)	200	0.		1	Scouting

Schedule I (Form 990)

832241 04-01-18

JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND 05-0259003 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation (book, FMV, organization or government if applicable cash grant non cash non cash assistance or assistance assistance appraisal, other) Narragansett Council Boy Scouts of America - PO Box 14777 - East Providence, RI 02914-0777 05-0308384 501(C)(3) 333 0 unrestricted support Providence Hebrew Day School 450 Elmgrove Avenue Providence, RI 02906 05-0271953 501(C)(3) 1,800 0 Amudim Campaign Providence Hebrew Day School 450 Elmgrove Avenue Providence, RI 02906 05-0271953 501(C)(3) 1,000 0 Amudım Journal Providence Hebrew Day School 450 Elmgrove Avenue Providence, RI 02906 05-0271953 501(C)(3) 175 0 Amudım trıbute book Providence Hebrew Day School 450 Elmgrove Avenue elementary school Providence, RI 02906 05-0271953 501(C)(3) 75,000 0 renovations Providence Hebrew Day School 450 Elmgrove Avenue FY2019 Annual Providence, RI 02906 05-0271953 501(C)(3) 45,000. 0 Distribution Providence Hebrew Day School 450 Elmgrove Avenue Providence, RI 02906 05-0271953 501(C)(3) 195 0 Memorial prayers Providence Hebrew Day School 450 Elmgrove Avenue 05-0271953 501(C)(3) Providence, RI 02906 100 0 unrestricted support Providence Hebrew Day School 450 Elmgrove Avenue

Schedule I (Form 990)

unrestricted support

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Providence, RI 02906

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JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND 05-0259003 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (c) IRC section if applicable (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government cash grant non cash or assistance valuation non cash assistance (book, FMV, appraisal, other) assistance Providence Hebrew Day School 450 Elmorove Avenue Providence, RI 02906 05-0271953 501(C)(3) 250 0 inrestricted support Providence Hebrew Day School 450 Elmorove Avenue 05-0271953 501(C)(3) Providence, RI 02906 1,024 0 nrestricted support Providence Hebrew Day School 450 Elmorove Avenue Providence, RI 02906 05-0271953 501(C)(3) 55. 0 nrestricted support Providence Hebrew Day School 450 Elmgrove Avenue 05-0271953 501(C)(3) Providence, RI 02906 126 0 unrestricted support Providence Hebrew Day School 450 Elmorove Avenue Providence, RI 02906 05-0271953 501(C)(3) 2,500 0 unrestricted support Providence Hebrew Day School 450 Elmgrove Avenue Providence, RI 02906 05-0271953 501(C)(3) 527 inrestricted support Providence Hebrew Day School 450 Elmgrove Avenue Providence, RI 02906 05-0271953 501(C)(3) 500 unrestricted support Sandra Bornstein Holocaust Education Center - 401 Elmgrove Avenue - Providence, RI 02906-3400 05-0483511 501(C)(3) Art & Writing contest 100 0. Sandra Bornstein Holocaust Education Center - 401 Elmgrove To support programs of Avenue - Providence, RI 02906-3400 05-0483511 501(C)(3) 500 Jewish arts and culture.

Schedule I (Form 990)

832241 04-01-18

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Schedule | (Form 990) RHODE ISLAND

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
Sandra Bornstein Holocaust							
Education Center - 401 Elmgrove Avenue - Providence, RI 02906-3400	05-0483511	501(C)(3)	100	0			unrestricted support
Sandra Bornstein Holocaust							
Education Center - 401 Elmgrove Avenue - Providence, RI 02906-3400	05-0483511	501(C)(3)	33,700	0.			unrestricted support
Sandra Bornstein Holocaust Education Center - 401 Elmgrove			:				
Avenue - Providence, RI 02906-3400	05-0483511	501(C)(3)	500.	. 0			unrestricted support
Sandra Bornstein Holocaust Education Center – 401 Elmgrove							
Avenue ~ Providence, RI 02906-3400	05-0483511	501(C)(3)	11,000.	0.			unrestricted support
Pemple Beth-El 70 Orchard Avenue							
Providence, RI 02906	05-0264805	Rel	2,255	0			Annual donation
Cemple Beth-El							
0 Orchard Avenue	·					1	Brotherhood of Temple
Providence, RI 02906	05-0264805	Rel	100	0			Beth-El
Cemple Beth-El				1			
0 Orchard Avenue Providence, RI 02906	05-0264805	Rel	50.	0			Charlotte Kenner Fund
Pemple Beth-El							

unrestricted support
Schedule I (Form 990)

General support

05-0259003

Page 1

832241 04 01-18

70 Orchard Avenue Providence, RI 02906

Temple Beth-El 70 Orchard Avenue

Providence, RI 02906

275.

50.

JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND 05-0259003 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation (book, FMV, appraisal, other) if applicable non cash assistance non cash assistance organization or government cash grant or assistance Temple Beth-El 70 Orchard Avenue Providence, RI 02906 05-0264805 2,255 unrestricted support Temple Beth-El 70 Orchard Avenue Providence, RI 02906 05-0264805 1,000 unrestricted support Temple Beth-El 70 Orchard Avenue Providence, RI 02906 05-0264805 50 unrestricted support Rel Temple Beth-El 70 Orchard Avenue Providence, RI 02906 05-0264805 Re1 150 unrestricted support Temple Emanu-El 99 Taft Avenue ranklın Gala - Trıbute Providence, RI 02906 05-0259273 1,322 0 Rel Book Temple Emanu-El 99 Taft Avenue Providence, RI 02906 05-0259273 7,500 Re1 general fund Temple Emanu-El 99 Taft Avenue Providence, RI 02906 05-0259273 Rel 50 general fund Temple Emanu-El 99 Taft Avenue 05-0259273 Providence, RI 02906 ke1 100 0 general support Temple Emanu-El 99 Taft Avenue

Schedule I (Form 990)

832241 04-01-18

Providence, RI 02906

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JEWISH FEDERATION FOUNDATION OF GREATER 05-0259003 RHODE ISLAND Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (c) IRC section (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant or assistance (a) Description of organization or government valuation (book, FMV, if applicable cash grant non cash assistance appraisal, other) Temple Emanu-El 99 Taft Avenue Providence, RI 02906 05-0259273 3,800 Rel Gift of the Heart, plus Temple Emanu-El 99 Taft Avenue Providence, RI 02906 05-0259273 1,500 0. Program Support Temple Emanu-El 99 Taft Avenue 05-0259273 Rel Providence, RI 02906 180 Rabbı Pranklın Tribute Temple Emanu-El 99 Taft Avenue Providence, RI 02906 05-0259273 1,000 0 Rabbi Franklin Tribute Temple Emanu-El 99 Taft Avenue Providence, RI 02906 05-0259273 0. 180 Re1 Rabbi Franklin Tribute Temple Emanu-El 99 Taft Avenue Rabbı Kaunfers Providence, RI 02906 05-0259273 10,000 0 Discretionary Fund Temple Emanu-El 99 Taft Avenue Providence, RI 02906 05-0259273 Re1 4.600 0 unrestricted support Temple Emanu-El 99 Taft Avenue Providence, RI 02906 05-0259273 5,000 0 Re1 nrestricted support Temple Emanu-El 99 Taft Avenue

Schedule I (Form 990)

832241 04-01-18

Providence, RI 02906

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Schedule I (Form 990) RHODE ISI	JAND	FOUNDATION					5-0259003 Page 1
Part II Continuation of Grants and Other (a) Name and address of organization or government	(b) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance -
Temple Emanu-El 99 Teft Avenue Providence, RI 02906	05-0259273	Rel	1,200	0.			unrestricted support
Temple Emanu-El 99 Taft Avenue Providence, RI 02906	05-0259273	Rel	14,000.	0.			unrestricted support
Temple Emanu-El 99 Taft Avenue Providence, RI 02906	05-0259273	Rel	360.	0.			unrestricted support
Temple Sinai 30 Hagen Avenue Cranston, RI 02920	05-0302745	501(C)(3)	500	0			To support programs of Dewish arts and culture
Temple Sinai 30 Hagen Avenue Cranston, RI 02920	05-0302745	501(C)(3)	200.	0.			unrestricted support
Temple Sinai 30 Hagen Avenue Cranston, RI 02920	05-0302745	501(C)(3)	10,000.	0			unrestricted support
The Jewish Federations of North America Inc - 25 Broadway, Suite 1700 - New York, NY 10004	13-1624240	501(C)(3)	10,000.	0.			For the general purposes of Kinneret College
The Rhode Island Community Poundation - One Union Station - Providence, RI 02903	22-2604963	501(C)(3)	150,000	٥.			Imperial 718 Fund
The Rhode Island Community Foundation - One Union Station - Providence, RI 02903	22-2604963	501(C)(3)	500	0.			Joy Emery Endowment fund

Schedule I (Form 990)

832241 04-01-18

JEWISH FE Schedule I (Form 990) RHODE ISI		FOUNDATION	OF GREATE	R		0	5-0259003 Page 1
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Rhode Island Community Foundation - One Union Station - Providence, RI 02903	22-2604963	501(C)(3)	500	0			- unrestricted support
The Rhode Island Community Foundation - One Union Station - Providence, RI 02903	22-2604963	501(C)(3)	250.	0			unrestricted support
Touro Synagogue 85 Touro St, Newport, RI 02840	05-0255359	501(C)(3)	6,449.	0			Congregation Jeshuat Israel Hebrew School
Touro Synagogue 85 Touro St Newport, RI 02840	05-0255359	501(C)(3)	400.	0			unrestricted support
United Way of Rhode Island 50 Valley Street Providence, RI 02909	05-0276059	501(C)(3)	30,000.	0.			philanthropy fund
United Way of Rhode Island 50 Valley Street Providence, RI 02909	05-0276059	501(C)(3)	1,250.	0			unrestricted support
United Way of Rhode Island 50 Valley Street Providence, RI 02909	05-0276059	501(C)(3)	251,	0			unrestricted support
Vail Mountain School 3000 Booth Palls Rd Vail, CO 81657	84-0533775	501(C)(3)	5,500	0			unrestricted support
Vail Mountain School 3000 Booth Falls Rd							

unrestricted support
Schedule I (Form 990)

04-01-18

		FOUNDATION	OF GREATE	R		0	15-0259003 Page 1
Schedule I (Form 990) RHODE ISI Part'II, Continuation of Grants and Other		overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa		5-0259003 Page 1
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
Whitney Museum of American Art 99 Gansevoort Street New York, NY 10014	13-1789318	501(C)(3)	15,000.	0		-	Unrestricted support
Wounded Warrior Project, Inc. 4899 Belfort Road, Suite 300 Jacksonville, FL 32256		501(C)(3)	10,000.	0			unrestricted support
Wounded Warrior Project, Inc. 4899 Belfort Road, Suite 300 Jacksonville, FL 32256		501(C)(3)	500	0			unrestricted support
					-		

Schedule I (Form 990)

832241 04-01 18

Schedule I (Form 990) (2018) RHODE ISLAND					05-0259003 Page 2
Part III [®] Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed	is Complete if the	organization answ	ered "Yes" on Form	990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP	7	45,330.			
		10,150			
PELLOWSHIP	1	1,200	0.		
Rart IV. Supplemental Information Provide the information rec	quired in Part I, lin	ne 2, Part III, column	(b), and any other a	l dditional information	
Part I, Line 2:				-	
1. FOR GRANTS FROM DESIGNATED FUND	OS FOR GE	NERAL SUPP	ORT, THE F	OUNDATION	
REVIEWS THE NON-PROFIT STATUS THRO	OUGH GUID	ESTAR BEFO	RE MAKING	AN ANNUAL .	
GRANT.	•				
2. GRANTS FROM DONOR-ADVISED FUNDS	ARE MAD	E IN RESPO	NSE TO REC	OMMENDATIONS	
FROM DONOR-ADVISORS. EACH RECOMMEN	NDATION I	S REVIEWED	BY FOUNDA	TION STAFF	
BEFORE THE GRANT IS PROCESSED AND	THE NON-	PROFIT STA	TUS OF THE	GRANTEE IS	
VERIFIED THROUGH GUIDESTAR.					
832102 11-02-18		59			Schedule I (Form 990) (2018)

JEWISH FEDERATION FOUNDATION OF GREATER Schedule (Form 990) RHODE ISLAND 05-0259003 Page	ge 2
Part IV Supplemental Information	
Part II, line 1, Column (h):	
Name of Organization or Government: Brown Hillel Foundation	
(h) Purpose of Grant or Assistance: Enhancement of the Hillel Program at	
Brown University and /or repairs or capital improvements to the presently	r
named Samuel J. Rapaporte Jr. Hillel House located at Brown and Angell	
Streets in Providence, RI or any replacement, substitute or similar	
facility.	
Name of Organization or Government:	
Hadassah, Women's Zionist Organization of Amer.	
(h) Purpose of Grant or Assistance: Designated for Hadassah Hospital,	
Jerusalem, Israel for the purpose of supporting mental health research	
programs approved by Hadassah Hospital	
Name of Organization or Government:	
Hillel Foundation at University of Rhode Island	
(h) Purpose of Grant or Assistance: Enhancement of the program of the	
Hillel Foundation and/or repairs or capital improvements to premises	
utilized by it at the University of Rhode Island	
Name of Organization or Government:	
Hillel Foundation at University of Rhode Island	
(h) Purpose of Grant or Assistance: For enhancement of the program of	
the Hillel Foundation and/or repairs or Capital improvements to the	
premises utilized by it at the University of Rhode Island.	

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

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

Open to Public Inspection Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND

05-0259003

Part 15 Questions Regarding Compensation

-			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	2.788.75 2.788.75	7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	P7888		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			974.
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III	E		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			70) A0 (4
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	220	2000	
	Regulations section 53 4958-6(c)?	9		
НА	For Paperwork Reduction Act Notice, see the Instructions for Form 990	/Form	agni	2018

Page 2

Schedule J (Form 990) 2018 RHODE ISLAND 05-0259003

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

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

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

	(B) Breakdown of	W 2 and/or 1099 M	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (F) Compensation		
- (A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits ,	(B)(i) (D)	in column (B) reported as deferred on prior Form 990	
(1) ADAM GREENMAN	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT/CEO (THROUGH 10/3/2018)		0.	0.	2,438.	19,296.		0.	
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Schedule J (Form 990) 2018

Schedule J (Form 990) 2018	JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND	05-0259003	Page 3
Part III Supplemental Information			, 4900
Provide the information, explanation	n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part	Il Also complete this part for any additional informati	ion
		·	
		,	
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832113 10-26-18

SCHEDULE M (Form 990)

(Form 990)

Noncash Contributions

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

2018

ZU 10Open to Public

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

RHODE ISLAND

Open to Public

Department of the Treasury Internal Revenue Service

JEWISH FEDERATION FOUNDATION OF GREATER

Employer identification number 05-0259003

Pa	Types of Property						
	_	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VII	ted on		(d) d of determining ontribution amounts
1	Art - Works of art				.,		
2	Art - Historical treasures						
3	Art Fractional interests						
4	Books and publications						
5	Clothing and household goods		3 2 TO 3				
6	Cars and other vehicles		* 100 A 12 NA 4 400 H 17 4 9				
7	Boats and planes						
8	Intellectual property						
9	Securities · Publicly traded	Х	9	175	,243.	SELLING	PRICE
10	Securities - Closely held stock				· +	<u> </u>	
11	Securities - Partnership, LLC, or					•	
	trust interests				ŀ		
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other	-					
15	Real estate - Residential				•		·
16	Real estate - Commercial				**		
17	Real estate - Other					-	·
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies				Ì		
21	Taxidermy						····
22	Historical artifacts		<u> </u>				·
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other (
27	Other (-			
28	Other (-
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions			-
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement	29		0
				_			Yes No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, line	s 1 throug	h 28, that it	
	must hold for at least three years from the date	e of the initia	al contribution, and	l which isn't require	ed to be us	ed for	
	exempt purposes for the entire holding period						30a X
b	If "Yes," describe the arrangement in Part II						323231
31	Does the organization have a gift acceptance i	policy that re	equires the review	of any nonstandare	d contribut	ions?	31 X
32a	Does the organization hire or use third parties						
	contributions?		-	.,			32a X
b	If "Yes," describe in Part II						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	y for which column	(a) is chec	ked,	
	describe in Part II			·	.,	•	
_HA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 99	0.		Sche	dule M (Form 990) 2018

832141 10-18-18

Schedule M (Form 990) 2018 RHODE ISLAND	05-0259003	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32 is reporting in Part I, column (b), the number of contributions, the number of items received this part for any additional information	b, and 33, and whether the organiz, or a combination of both. Also con	zation mplete
Schedule M, Line 32b:		
ALL CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES ARE	TRANSFRRED TO AND	-
SOLD BY THE FOUNDATION'S CUSTODIAN BANK.		
		· <u> </u>
		· · ·
		
		

832142 10-18-18

Schedule M (Form 990) 2018

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND

OMB No 1545-0047 Open to Public

Employer identification number 05-0259003

Inspection

Form 990, Part III, Line 1, Description of Organization Mission: CHARITABLE ORGANIZATIONS AND ACTIVITIES INCLUDING, BUT NOT LIMITED TO, THE JEWISH ALLIANCE OF GREATER RHODE ISLAND, AND THOSE ACTIVITIES THAT ENHANCE THE QUALITY OF LIFE IN THE GREATER RHODE ISLAND COMMUNITY AND WORLDWIDE THROUGH EDUCATIONAL, CHARITABLE, SOCIAL SERVICE, CULTURAL, RELIGIOUS AND RECREATIONAL ENDEAVORS.

Form 990, Part VI, Section A, line 2:

MELVIN G. ALPERIN (DIRECTOR) AND DAVID M HIRSCH (DIRECTOR) ARE BROTHER-IN-LAWs.

Form 990, Part VI, Section A, line 4:

EFFECTIVE OCTOBER 4, 2018, THE JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND (THE FOUNDATION) BECAME A TYPE 1 SUPPORTING ORGANIATION OF THE RHODE ISLAND FOUNDATION. PRIOR TO THIS, THE FOUNDATION WAS A TYPE I SUPPORTING ORGANIZATION OF THE JEWISH ALLIANCE OF GREATER RHODE ISLAND. THE FOUNDATION'S BYLAWS WERE AMENDED TO REFLECT THIS CHANGE (ENCLOSED).

Form 990, Part VI, Section B, line 11b:

FORM 990, PART VI, SECTION B, LINE 11: THE SUPPORTED ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE ORGANIZATION'S FORM 990 "RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX." THE AUDIT COMMITTEE REVIEWS AND APPROVES THE TAX RETURNS BEFORE FILING.

Form 990, Part VI, Section B, Line 12c:

IT IS THE POLICY OF THE ORGANIZATION THAT ALL MEMBERS OF THE BOARD OF LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) 832211 10-10-18

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990

2018 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Go to www irs gov/Form990 for instructions and the latest information

JEWISH FEDERATION FOUNDATION OF GREATER

RHODE ISLAND

Employer identification number 05-0259003

Part IV Identification of Disregarded Entities Complete if the organization answered *Yes* on Form 990, Part IV, line 33 (a) (b) (d) (e) **(f)** Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End of year assets Direct controlling of disregarded entity entity foreign country) Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax exempt organizations during the tax year (a) (b) (c) (d) (f) (g) xn 512(b)(13) (e) Name, address, and EIN Primary activity Legal domicile (state or Exempt Code Public charity Direct controlling controlled entity? of related organization foreign country) section status (if section entity 501(c)(3)) Yes No JEWISH ALLIANCE OF GREATER RHODE ISLAND TO ENHANCE THE QUALITY OF (THROUGH 10/3/2018) - 27-4127671, 401 JEWISH LIPE IN THE GREATER ELMGROVE AVENUE, PROVIDENCE, RI 02906 RI COMMUNITY Rhode Island 501 (C)(3) INE 7 X ALLIANCE REALTY, INC. (THROUGH 10/3/2018) 45-4292097, 401 ELMGROVE AVENUE, PROVIDENCE, RI 02906 FITLE HOLDING COMPANY Rhode Island 501 (C)(2) Х THE RHODE ISLAND COMMUNITY FOUNDATION (EFFECTIVE 10/4/2018) - 22-2604963, ONE UNION STATION, PROVIDENCE, RI 02903 COMMUNITY FOUNDATION 501 (C)(3) х Rhode Island INE 8

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

Schedule R (Form 990) 2018

	SH FEDERATI	ON FO	UNDATION	OF GRE	ATER							05-0	2590	003	Р	age 2
Part III I Identification of Related Organizations treated as a pa	ganizations Taxable rtnership during the t	as a Partn ax year	ership Complete	f the organ	zation answe	ered *Ye	es" on For	n 990, F	Part IV, line	34, b	ecaus					<u> </u>
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomi (related excluded f	(e) nant income , unrelated, rom tax under s 512-514)	Share	(f) e of total come	Sh: end	(g) are of of year sets	Disprop	h) ortionate sitions?	(i) Code V UB amount in bo 20 of Schedu K 1 (Form 100	l Gen	tner?	(k Percer owner	ntage
									<u> </u>							
													-			
				-												
Identification of Belated Ore	Taxable Taxable	25 2 Corn	reation or Trust C	lamplete of t	h a a-a-a-a-a-		uorad #Var	2 aa Fa	000 B							
Part IV Identification of Related Organizations Taxable organizations treated as a corporation or trust du (a) Name, address, and EIN of related organization		(b) Primary activity		(C) Legal domicile (state or foreign	(d) Direct cont	trolling Type of (C corp.		e) (f) f entity Share of to scorp, income) of total		(g) Share of and of year	(h) Percen	tage	(i) Section e 512(b)(13)	
				country)			or tru	ist)			+	assets		\dashv	Yes	
									_					_		
																_
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JEWISH FEDERATION FOUNDATION OF GREATER Schedule R (Form 990) 2018 RHODE I SLAND

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Shanng of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

Far V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule No 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e 87 f Dividends from related organization(s) 1f g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 1h i Exchange of assets with related organization(s) 11 1) 2013 J Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) 1k I Performance of services or membership or fundraising solicitations for related organization(s) 11 m Performance of services or membership or fundraising solicitations by related organization(s) 1m

s Other transfer of cash or property from related organization(s)			1s X					
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete t	his line, including covered	relationships and transaction thresholds					
(a) Name of related organization	(b) Transaction type (a s)	(c) Amount involved	(d) Method of determining amount involved					
JEWISH ALLIANCE ALLIANCE OF GREATER RHODE (1) ISLAND	В	434,819.	GRANTS PAID					
JEWISH ALLIANCE ALLIANCE OF GREATER RHODE (2) ISLAND	0	254,592.	COST					
JEWISH ALLIANCE ALLIANCE OF GREATER RHODE (3) ISLAND	Q	35,343.	COST					
(4) ALLIANCE REALTY, INC	D	2,537,192.	YEAR END VALUE					
(5) THE RHODE ISLAND COMMUNITY FOUNDATION	R	64,053.	SUPPORT FEES PAID					
(6) THE RHODE ISLAND COMMUNITY FOUNDATION	В	6,295.	GRANTS PAID					
832163 10 02 18	70		Schedule R (Form 990) 2018					

Schedule R (Form 990) 2018

05-0<u>259003 Page 3</u>

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JEWISH FEDERATION FOUNDATION OF GREATER Schedule R (Form 990) 2018 RHODE ISLAND

05-0259003 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs ? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprisonate allocation Yes N	Code V-UBI amount in box 26 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2018

JEWISH FEDERATION FOUNDATION OF GREATER 05-0259003 Page 5 RHODE ISLAND Schedule R (Form 990) 2018 Part VII Supplemental Information. Provide additional information for responses to guestions on Schedule R. See instructions

Schedule R (Form 990) 2018