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EXTENSION GRANTED THROUGH JULY 15, 2020

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018Department of the Treasury
Internal Revenue Service

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.

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND		D Employer identification number 05-0259003
	Doing business as		E Telephone number 401-274-4564
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 401 ELMGROVE AVENUE	G Gross receipts \$ 33,429,979.	H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
	City or town, state or province, country, and ZIP or foreign postal code PROVIDENCE, RI 02906		F Name and address of principal officer: JENNIFER REID ONE UNION STATION, PROVIDENCE, RI 02903
	I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (Insert no.) ☐ 4947(a)(1) or ☐ 527		J Website: ▶ www.jewishallianceri.org
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation: 1945 M State of legal domicile: RI	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A SECTION 59 (A)(3) SUPPORTING ORGANIZATION OF THE RHODE ISLAND FOUNDATION	
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	18
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	100
	7a Total unrelated business revenue from Part VII, column (C), line 12	-7,895.
7b Net unrelated business taxable income from Form 990-T, line 38	0.	
Revenue	8 Contributions and grants (Part VIII, line 4h)	Prior Year: 815,800. Current Year: 1,062,886.
	9 Program service revenue (Part VIII, line 2g)	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,035,151. 7,463,400.
	11 Other revenue (Part VIII, column (A), lines 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)	2,850,951. 8,535,909.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,182,137. 3,713,305.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	794,705. 803,109.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,976,842. 4,516,414.
19 Revenue less expenses. Subtract line 18 from line 12	-1,125,891. 4,019,495.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 60,092,887. End of Year: 58,064,277.
	21 Total liabilities (Part X, line 26)	8,021,044. 1,159,839.
	22 Net assets or fund balances. Subtract line 21 from line 20	52,071,843. 56,904,438.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	JENNIFER REID, CHIEF FINANCIAL OFFICER	7/14/20
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	SANDY ROSS	KAHN, LITWIN, RENZA & CO.,
	Firm's name	Firm's EIN
	951 NORTH MAIN STREET	05-0409384
	PROVIDENCE, RI 02904	Phone no. 401-274-2001

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED DEC 28 2021

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RHODE ISLAND

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Part III Statement of Program Service Accomplishments

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

☒ X

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?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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 \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 3,713,305.

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial 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 transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
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			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b 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		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		X

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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

Section A. Governing Body and Management

- 1a** Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.
- 1b** Enter the number of voting members included in line 1a, above, who are independent
- 2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?
- 4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5** Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6** Did the organization have members or stockholders?
- 7a** Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
- b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a** The governing body?
- b** Each committee with authority to act on behalf of the governing body?
- 9** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a 18		
1b 18		
2	X	
3		X
4	X	
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9		X

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

- 10a** Did the organization have local chapters, branches, or affiliates?
- b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
- 11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- b** Describe in Schedule O the process, if any, used by the organization to review this Form 990
- 12a** Did the organization have a written conflict of interest policy? If "No," go to line 13
- b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
- 13** Did the organization have a written whistleblower policy?
- 14** Did the organization have a written document retention and destruction policy?
- 15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
- a** The organization's CEO, Executive Director, or top management official
- b** Other officers or key employees of the organization
- If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)
- 16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a		X
15b		X
16a		X
16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records **THE RHODE ISLAND COMMUNITY FOUNDATION - 401-274-4564**
ONE UNION STATION, PROVIDENCE, RI 02903

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHARON GAINES CHAIRMAN	1.00	X		X				0.	0.	0.
(2) ROBERT SHERWIN VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(3) MARILYN KAPLAN TREASURER	1.00	X		X				0.	0.	0.
(4) CHERYL GREENFELD-TEVEROW SECRETARY	1.00	X		X				0.	0.	0.
(5) MELVIN ALPERIN DIRECTOR	1.00	X						0.	0.	0.
(6) MITZI BERKELHAMMER DIRECTOR, EX-OFFICIO	1.00	X						0.	0.	0.
(7) ROBIN ENGLE DIRECTOR	1.00	X						0.	0.	0.
(8) H. JACK FEIBELMAN DIRECTOR	1.00	X						0.	0.	0.
(9) MARK FEINSTEIN DIRECTOR	1.00	X						0.	0.	0.
(10) DAVID HIRSCH DIRECTOR	1.00	X						0.	0.	0.
(11) RICHARD LICHT DIRECTOR	1.00	X						0.	0.	0.
(12) MICHAEL NULMAN DIRECTOR	1.00	X						0.	0.	0.
(13) JAMES PIOUS (EFF. 6/12/2019) DIRECTOR	1.00	X						0.	0.	0.
(14) RALPH POSNER DIRECTOR	1.00	X						0.	0.	0.
(15) JAY ROSENSTEIN DIRECTOR	1.00	X						0.	0.	0.
(16) BARBARA SOKOLOFF (EFF. 6/19/2019) DIRECTOR	1.00	X						0.	0.	0.
(17) HERBERT STERN DIRECTOR	1.00	X						0.	0.	0.

**JEWISH FEDERATION FOUNDATION OF GREATER
RHODE ISLAND**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MINDY WACHTENHEIM DIRECTOR	1.00	X						0.	0.	0.
(21) ADAM GREENMAN PRESIDENT/CEO (THROUGH 10/3/2018)	8.00 32.00			X				0.	173,492.	21,734.
(22) DANIEL HAMEL CFO (THROUGH 10/3/2018)	8.00 32.00			X				0.	106,508.	11,270.
1b Sub-total								0.	280,000.	33,004.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	280,000.	33,004.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,062,886.				
	g Noncash contributions included in lines 1a-1f \$	175,243.				
	h Total. Add lines 1a-1f		1,062,886.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		858,324.		-7,895.	866,219.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 31,499,146.				
	b Less cost or other basis and sales expenses	24,894,070.				
	c Gain or (loss)	6,605,076.				
	d Net gain or (loss)		6,605,076.			6,605,076.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a MANAGEMENT FEE INCOME	900099	9,623.			9,623.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		9,623.				
12 Total revenue. See instructions		8,535,909.	0.	-7,895.	7,480,918.	

**JEWISH FEDERATION FOUNDATION OF GREATER
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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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 individuals. See Part IV, line 22	46,530.	46,530.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
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)				
a Management				
b Legal	11,051.		11,051.	
c Accounting	31,500.		31,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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 O.)				
12 Advertising and promotion				
13 Office expenses	1,366.		1,366.	
14 Information technology				
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				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOUNDATION SUPPORT FEES	323,251.		323,251.	
b SHARED COST WITH JEWISH	256,686.		256,686.	
c				
d				
e All other expenses				
25 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 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**JEWISH FEDERATION FOUNDATION OF GREATER
RHODE ISLAND**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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	47,138.	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,169.	9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	1,300.	10a	
	10b Less accumulated depreciation		10b	
	10c	1,300.	10c	1,300.
	11 Investments - publicly traded securities	33,862,844.	11	36,669,258.
	12 Investments - other securities. See Part IV, line 11	26,051,269.	12	19,618,940.
	13 Investments - program-related. See Part IV, line 11		13	
	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.	
Liabilities	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 Schedule D	6,895,115.	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	992,595.	25	
	26 Total liabilities. Add lines 17 through 25	8,021,044.	26	1,159,839.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	32,488,282.	27	38,021,210.
	28 Temporarily restricted net assets	3,712,174.	28	3,774,664.
	29 Permanently restricted net assets	15,871,387.	29	15,108,564.
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
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)

**JEWISH FEDERATION FOUNDATION OF GREATER
RHODE ISLAND**

Form 990 (2018)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,535,909.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,516,414.
3	Revenue less expenses Subtract line 2 from line 1	3	4,019,495.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,071,843.
5	Net unrealized gains (losses) on investments	5	-5,885,460.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	6,895,115.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-196,555.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	56,904,438.

Part XII Financial Statements and Reporting

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

1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form **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.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization **JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND** Employer identification number **05-0259003**

Part I 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).
- 4 ☐ 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 _____
- 5 ☐ 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).
- 7 ☐ 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.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ 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 university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 ☒ 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.
 - a ☒ **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.**
 - 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.**
 - 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.**
 - d ☐ **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.**
 - e ☒ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 2

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
JEWISH ALLIANCE OF GREATER RHODE ISLAND	27-4127671	7	X		689,411.	
THE RI FOUNDATION	22-2604963	8	X		70,348.	
Total					759,759.	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

JEWISH FEDERATION FOUNDATION OF GREATER

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning 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, etc. (see instructions)					12	
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 Public Support Percentage

14 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

JEWISH FEDERATION FOUNDATION OF GREATER

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

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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	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business 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. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
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.)						
14 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	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 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 line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► ☐

**JEWISH FEDERATION FOUNDATION OF GREATER
RHODE ISLAND**

Schedule A (Form 990 or 990-EZ) 2018

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Part 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

	Yes	No
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?	☐	☐
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	☒	☐
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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.)	☐	☐

JEWISH FEDERATION FOUNDATION OF GREATER

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

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Part IV Supporting Organizations (continued)**11** Has the organization accepted a gift or contribution from any of the following persons?

- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c 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.

	Yes	No
11a		X
11b		X
11c		X

Section B. Type-I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1	X	
2		X

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ 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.
- c ☐ 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.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	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	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
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	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 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 the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

JEWISH FEDERATION FOUNDATION OF GREATER

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

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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**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.

OMB No 1545-0047

2018Open to Public
InspectionName of the organization **JEWISH FEDERATION FOUNDATION OF GREATER
RHODE ISLAND**Employer identification number
05-0259003**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	139	
2 Aggregate value of contributions to (during year)	614,003.	
3 Aggregate value of grants from (during year)	1,560,681.	
4 Aggregate value at end of year	17,966,888.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2018

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**JEWISH FEDERATION FOUNDATION OF GREATER
RHODE ISLAND**

Schedule D (Form 990) 2018

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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? ☐ Yes ☒ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No
- b 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 IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	32,551,320.	31,578,429.	29,292,371.	29,178,040.	33,538,483.
b Contributions	30,105.	87,946.	194,807.	2,646,011.	468,397.
c Net investment earnings, gains, and losses	590,114.	2,552,865.	3,745,693.	-769,741.	-122,231.
d Grants or scholarships	1,859,366.	1,299,180.	1,324,018.	1,447,141.	4,287,309.
e Other expenditures for facilities and programs					
f Administrative expenses	111,049.	368,740.	330,424.	314,798.	419,300.
g End of year balance	31,201,124.	32,551,320.	31,578,429.	29,292,371.	29,178,040.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 42.00 %
- 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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,300.			1,300.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				1,300.

Schedule D (Form 990) 2018

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FOREIGN BONDS	1,825,000.	End-of-Year Market Value
(B) US TREASURY BOND	467,307.	End-of-Year Market Value
(C) FLEXIBLE CAPITAL	8,009,481.	End-of-Year Market Value
(D) PRIVATE EQUITY	4,031,984.	End-of-Year Market Value
(E) REAL ASSETS	5,176,195.	End-of-Year Market Value
(F) OTHER	108,973.	End-of-Year Market Value
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	19,618,940.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

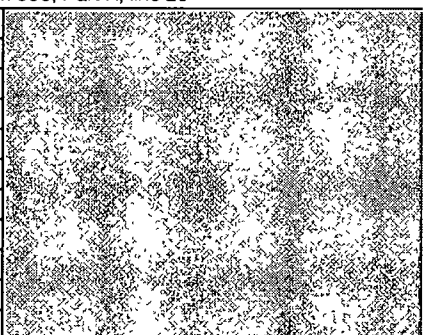
Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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 (b) must equal Form 990, Part X, col. (B) line 25.)		

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 ☒

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
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 VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

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		1	
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	2c		
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)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

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

Part XIII Supplemental Information (continued)

FOR THE FOUNDATION AT JUNE 30, 2019.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

JEWISH FEDERATION FOUNDATION OF GREATER
RHODE ISLAND

Employer identification number

05-0259003

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS	0	0			0.
3 a Subtotal	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

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

Schedule F (Form 990) 2018

JEWISH FEDERATION FOUNDATION OF GREATER
RHODE ISLAND

05-0259003

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities

JEWISH FEDERATION FOUNDATION OF GREATER
RHODE ISLAND

05-0259003

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Schedule F (Form 990) 2018

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. 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 JEWISH FEDERATION FOUNDATION NO LONGER HAS ANY FOREIGN INVESTMENTS EFFECTIVE 12/31/2018.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**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

▶ Attach to Form 990

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

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization **JEWISH FEDERATION FOUNDATION OF GREATER
RHODE ISLAND**

Employer identification number
05-0259003

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of 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 Foundation 80 Brown Street Providence, RI 02906	05-6019146	501(C)(3)	3,523.	0.			Enhancement of the Hillel Program at Brown University and /or repairs or capital
Brown Hillel Foundation 80 Brown Street Providence, RI 02906	05-6019146	501(C)(3)	400	0			Rosh Hodesh
Brown Hillel Foundation 80 Brown Street Providence, RI 02906	05-6019146	501(C)(3)	200	0			support the organization's mission
Brown Hillel Foundation 80 Brown Street Providence, RI 02906	05-6019146	501(C)(3)	100	0			Unrestricted
Brown Hillel Foundation 80 Brown Street Providence, RI 02906	05-6019146	501(C)(3)	1,000	0			Unrestricted
Brown Hillel Foundation 80 Brown Street Providence, RI 02906	05-6019146	501(C)(3)	100.	0			unrestricted support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

▶ **30.**

3 Enter total number of other organizations listed in the line 1 table

▶ **1.**

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

Schedule I (Form 990) (2018)

See Part IV for Column (h) descriptions

**JEWISH FEDERATION FOUNDATION OF GREATER
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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 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
Brown Hillel Foundation 80 Brown Street Providence, RI 02906	05-6019146	501(C)(3)	10,000.	0.			Vogel 2019 Fiscal Year 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.	0.			Professional development
Camp JORI PO Box 5299 Wakefield, RI 02880	05-0268612	501(C)(3)	1,000.	0.			Professional Development/Staff Training
Camp JORI PO Box 5299 Wakefield, RI 02880	05-0268612	501(C)(3)	2,000	0			Ruth Samdperil Endowment Fund for the Visual Arts
Camp JORI PO Box 5299 Wakefield, RI 02880	05-0268612	501(C)(3)	500.	0.			To support programs of Jewish 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 Wakefield, RI 02880	05-0268612	501(C)(3)	1,000.	0.			unrestricted support
Camp JORI PO Box 5299 Wakefield, RI 02880	05-0268612	501(C)(3)	126.	0.			unrestricted support

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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 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
Camp JORI PO Box 5299 Wakefield, RI 02880	05-0268612	501(C)(3)	865	0			unrestricted support
Camp JORI PO Box 5299 Wakefield, RI 02880	05-0268612	501(C)(3)	500.	0.			unrestricted support
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)	7,500	0			Rabbi Babchuck 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 Providence, RI 02906	05-0271585	501(C)(3)	36,000.	0.			Beth Sholom Rabbi Discretionary Fund
Congregation Beth Sholom 275 Camp Street Providence, RI 02906	05-0271585	501(C)(3)	4,000.	0			Kol Nidre Appeal
Congregation Beth Sholom 275 Camp Street Providence, RI 02906	05-0271585	501(C)(3)	18,000	0.			Rabbi Dolinger's Discretionary Fund
Congregation Beth Sholom 275 Camp Street Providence, RI 02906	05-0271585	501(C)(3)	25,000	0.			Rabbi's discretionary fund

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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 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
Congregation Beth Sholom 175 Camp Street Providence, RI 02906	05-0271585	501(C)(3)	7,000	0			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.			unrestricted support
Congregation Beth Sholom 275 Camp Street Providence, RI 02906	05-0271585	501(C)(3)	700.	0.			Women, Torah, and Leadership Series
Congregation Jeshuat Israel at Touro Synagogue - 85 Touro Street - Newport, RI 02840	05-0255359	501(C)(3)	5,000.	0.			religious school
Congregation Jeshuat Israel at Touro Synagogue - 85 Touro Street - Newport, RI 02840	05-0255359	501(C)(3)	7,794.	0.			unrestricted support

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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 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
Congregation Jeshuat Israel at Touro Synagogue - 85 Touro Street - Newport, RI 02840	05-0255359	501(C)(3)	1,000.	0.			unrestricted support
Dana-Farber Cancer Institute PO Box 849168 Boston, MA 02284-9168	04-2263040	501(C)(3)	200	0			Elizabeth Silverman Thriving in Survivorship Fund
Dana-Farber Cancer Institute PO Box 849168 Boston, MA 02284-9168	04-2263040	501(C)(3)	1,800.	0.			General support
Dana-Farber 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-Farber Cancer Institute PO Box 849168 Boston, MA 02284-9168	04-2263040	501(C)(3)	1,500.	0.			unrestricted support
Dana-Farber Cancer Institute PO Box 849168 Boston, MA 02284-9168	04-2263040	501(C)(3)	18,000.	0.			unrestricted support
Dana-Farber Cancer Institute PO Box 849168 Boston, MA 02284-9168	04-2263040	501(C)(3)	50.	0.			unrestricted support

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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 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
Dana-Farber Cancer Institute PO Box 849168 Boston, MA 02284-9168	04-2263040	501(C)(3)	50.	0.			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 Hanover, NH 03755	02-0222111	501(C)(3)	5,000.	0.			Tuck School of Business For Tuck Annual Giving
Dartmouth College 6066 Development Office Hanover, NH 03755	02-0222111	501(C)(3)	10,000	0			unrestricted support
Denver Botanic Garden, Inc 909 York Street Denver, CO 80206	84-0440359	501(C)(3)	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			unrestricted support
Eye to Eye, Inc 50 Broad Street, Suite 1702 New York, NY 10004	51-0570498	501(C)(3)	1,800	0.			unrestricted support
Hadassah, Women's Zionist Organization of Amer. - 40 Wall St. 8th Floor - New York, NY 10005	13-1656651	501(C)(3)	5,881	0.			Designated for Hadassah Hospital, Jerusalem, Israel for the purpose of supporting mental health

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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 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
Hadassah Women's Zionist Organization of Amer. - 40 Wall St. 8th Floor - New York, NY 10005	13-1656651	501(C)(3)	701.	0			Hadassah Hospital at Hebrew University
Hadassah, Women's Zionist Organization of Amer. - 40 Wall St. 8th Floor - New York, NY 10005	13-1656651	501(C)(3)	300.	0.			support the 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
Hillel Foundation at University of Rhode Island - 6 Fraternity Circle - Kingston, RI 02881	05-6019148	501(C)(3)	5,605.	0			Enhancement of the program of the Hillel Foundation and/or repairs or capital improvements
Hillel Foundation at University of Rhode Island - 6 Fraternity Circle - Kingston, RI 02881	05-6019148	501(C)(3)	1,465.	0.			For enhancement of the program of the Hillel Foundation and/or repairs or Capital improvements
Hillel Foundation at University of Rhode Island - 6 Fraternity Circle - Kingston, RI 02881	05-6019148	501(C)(3)	420.	0			For general purposes at URI Hillel
Hillel Foundation at University of Rhode Island - 6 Fraternity Circle - Kingston, RI 02881	05-6019148	501(C)(3)	716.	0			Maintaining and purchasing books for the URI Hillel library

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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 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 Rhode Island - 6 Fraternity Circle - Kingston, RI 02881	05-6019148	501(C)(3)	500.	0			Professional development
Hillel Foundation at University of Rhode Island - 6 Fraternity Circle - Kingston, RI 02881	05-6019148	501(C)(3)	625.	0			Rosh Hodesh Sorority Events
Hillel Foundation at University of Rhode Island - 6 Fraternity Circle - Kingston, RI 02881	05-6019148	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

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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 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 Alliance of Greater Rhode Island - 401 Elmgrove Avenue - Providence, RI 02906	27-4127671	501(C)(3)	1,000	0			annual campaign
Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue - Providence, RI 02906	27-4127671	501(C)(3)	8,000.	0			annual gift
Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue - Providence, RI 02906	27-4127671	501(C)(3)	5,200	0			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 Island - 401 Elmgrove Avenue - Providence, RI 02906	27-4127671	501(C)(3)	2,100	0.			Annual gift
Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue - Providence, RI 02906	27-4127671	501(C)(3)	4,000.	0			Capital Campaign
Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue - Providence, RI 02906	27-4127671	501(C)(3)	1,000.	0.			Distribution
Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue - Providence, RI 02906	27-4127671	501(C)(3)	38	0.			Distribution

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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 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 Alliance of Greater Rhode Island - 401 Elmgrove Avenue - Providence, RI 02906	27-4127671	501(C)(3)	50.	0			general fund
Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue - Providence, RI 02906	27-4127671	501(C)(3)	250,832	0.			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)	507,311.	0			General Support
Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue - Providence, RI 02906	27-4127671	501(C)(3)	15,000.	0.			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.	0.			Professional development
Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue - Providence, RI 02906	27-4127671	501(C)(3)	74,648.	0.			Technology Grant
Jewish Alliance of Greater Rhode Island - 401 Elmgrove Avenue - Providence, RI 02906	27-4127671	501(C)(3)	1,021,539.	0			unrestricted support

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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 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 Communal Fund 575 Madison Avenue Suite 703 New York, NY 10022	23-7174183	501(C)(3)	150,000	0.			Richard and Betsy Shuster Fund

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RHODE ISLAND**

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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 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 Community Day School of Rhode Island - 85 Taft Avenue - Providence, RI 02906	45-3007322	501(C)(3)	550	0.			annual campaign
Jewish Community Day School of Rhode Island - 85 Taft Avenue - Providence, RI 02906	45-3007322	501(C)(3)	500.	0			annual fund
Jewish Community Day School of Rhode Island - 85 Taft Avenue - Providence, RI 02906	45-3007322	501(C)(3)	53,318	0.			FY2018 Annual Distribution
Jewish Community Day School of Rhode Island - 85 Taft Avenue - Providence, RI 02906	45-3007322	501(C)(3)	12,000.	0.			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 - Providence, RI 02906	45-3007322	501(C)(3)	1,000	0.			unrestricted support

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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 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 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.	0.			unrestricted support
Jewish Community Day School of Rhode Island - 85 Taft Avenue Providence, RI 02906	45-3007322	501(C)(3)	14,100	0			unrestricted support
Jewish Community Day School of Rhode Island - 85 Taft Avenue - Providence, RI 02906	45-3007322	501(C)(3)	50	0.			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 - Providence, RI 02906	45-3007322	501(C)(3)	630.	0.			unrestricted 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 - Providence, RI 02906	45-3007322	501(C)(3)	6,000.	0			unrestricted support
Jewish Federation of Cape Cod, Inc. - PO Box 2568 - Hyannis, MA 02601	04-3090367	501(C)(3)	54,000.	0			general support

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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 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 Federation of Greater Houston - 5603 South Braeswood Boulevard - Houston, TX 77096-3907	74-1109654	501(C)(3)	5,000	0			general support
Jewish Federation of Greater Houston - 5603 South Braeswood Boulevard - Houston, TX 77096-3907	74-1109654	501(C)(3)	2,000	0			general support
Lown Institute, Inc 830 Boylston St #205 Chestnut Hill, MA 02467	04-3291770	501(C)(3)	25,000	0			unrestricted support
Motion Picture and Television Fund 23388 Mulholland Drive, Suite 2200 Woodland Hills, CA 91364	95-1652916	501(C)(3)	15,000	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)	54,000	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)	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 of America - PO Box 14777 - East Providence, RI 02914-0777	05-0308384	501(C)(3)	6,000	0			Friends of Scouting Appeal/Distinguished Citizen Award
Narragansett Council, Boy Scouts of America - PO Box 14777 - East Providence, RI 02914-0777	05-0308384	501(C)(3)	200	0			Jewish Committee on Scouting

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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 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
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.			Amudim Journal
Providence Hebrew Day School 450 Elmgrove Avenue Providence, RI 02906	05-0271953	501(C)(3)	175.	0.			Amudim tribute book
Providence Hebrew Day School 450 Elmgrove Avenue Providence, RI 02906	05-0271953	501(C)(3)	75,000.	0			elementary school renovations
Providence Hebrew Day School 450 Elmgrove Avenue Providence, RI 02906	05-0271953	501(C)(3)	45,000.	0.			FY2019 Annual 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 Providence, RI 02906	05-0271953	501(C)(3)	100	0.			unrestricted support
Providence Hebrew Day School 450 Elmgrove Avenue Providence, RI 02906	05-0271953	501(C)(3)	150.	0.			unrestricted support

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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 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
Providence Hebrew Day School 450 Elmgrove Avenue Providence, RI 02906	05-0271953	501(C)(3)	250.	0.			unrestricted support
Providence Hebrew Day School 450 Elmgrove Avenue Providence, RI 02906	05-0271953	501(C)(3)	1,024	0			unrestricted support
Providence Hebrew Day School 450 Elmgrove Avenue Providence, RI 02906	05-0271953	501(C)(3)	55.	0.			unrestricted support
Providence Hebrew Day School 450 Elmgrove Avenue Providence, RI 02906	05-0271953	501(C)(3)	126	0.			unrestricted support
Providence Hebrew Day School 450 Elmgrove 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	0			unrestricted support
Providence Hebrew Day School 450 Elmgrove Avenue Providence, RI 02906	05-0271953	501(C)(3)	500	0.			unrestricted support
Sandra Bornstein Holocaust Education Center - 401 Elmgrove Avenue - Providence, RI 02906-3400	05-0483511	501(C)(3)	100	0.			Art & Writing contest
Sandra Bornstein Holocaust Education Center - 401 Elmgrove Avenue - Providence, RI 02906-3400	05-0483511	501(C)(3)	500.	0			To support programs of Jewish arts and culture.

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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
Temple Beth-El 70 Orchard Avenue Providence, RI 02906	05-0264805	Rel	2,255	0			Annual donation
Temple Beth-El 70 Orchard Avenue Providence, RI 02906	05-0264805	Rel	100	0			Brotherhood of Temple Beth-El
Temple Beth-El 70 Orchard Avenue Providence, RI 02906	05-0264805	Rel	50	0			Charlotte Kenner Fund
Temple Beth-El 70 Orchard Avenue Providence, RI 02906	05-0264805	Rel	275	0			General support
Temple Beth-El 70 Orchard Avenue Providence, RI 02906	05-0264805	Rel	50	0			unrestricted support

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
Temple Beth-El 70 Orchard Avenue Providence, RI 02906	05-0264805	Rel	2,255.	0			unrestricted support
Temple Beth-El 70 Orchard Avenue Providence, RI 02906	05-0264805	Rel	1,000.	0			unrestricted support
Temple Beth-El 70 Orchard Avenue Providence, RI 02906	05-0264805	Rel	50.	0.			unrestricted support
Temple Beth-El 70 Orchard Avenue Providence, RI 02906	05-0264805	Rel	150.	0.			unrestricted support
Temple Emanu-El 99 Taft Avenue Providence, RI 02906	05-0259273	Rel	1,322	0			Franklin Gala - Tribute Book
Temple Emanu-El 99 Taft Avenue Providence, RI 02906	05-0259273	Rel	7,500.	0			general fund
Temple Emanu-El 99 Taft Avenue Providence, RI 02906	05-0259273	Rel	50	0.			general fund
Temple Emanu-El 99 Taft Avenue Providence, RI 02906	05-0259273	Rel	100.	0.			general support
Temple Emanu-El 99 Taft Avenue Providence, RI 02906	05-0259273	Rel	3,160.	0.			Gift of the heart fund

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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 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
Temple Emanu-El 99 Taft Avenue Providence, RI 02906	05-0259273	Rel	3,800	0.			Gift of the Heart, plus
Temple Emanu-El 99 Taft Avenue Providence, RI 02906	05-0259273	Rel	1,500	0.			Program Support
Temple Emanu-El 99 Taft Avenue Providence, RI 02906	05-0259273	Rel	180.	0.			Rabbi Franklin Tribute
Temple Emanu-El 99 Taft Avenue Providence, RI 02906	05-0259273	Rel	1,000.	0			Rabbi Franklin Tribute
Temple Emanu-El 99 Taft Avenue Providence, RI 02906	05-0259273	Rel	180	0.			Rabbi Franklin Tribute
Temple Emanu-El 99 Taft Avenue Providence, RI 02906	05-0259273	Rel	10,000	0			Rabbi Kaunfers Discretionary Fund
Temple Emanu-El 99 Taft Avenue Providence, RI 02906	05-0259273	Rel	4,600.	0.			unrestricted support
Temple Emanu-El 99 Taft Avenue Providence, RI 02906	05-0259273	Rel	5,000.	0			unrestricted support
Temple Emanu-El 99 Taft Avenue Providence, RI 02906	05-0259273	Rel	1,630	0			unrestricted support

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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 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
Temple Emanu-El 99 Taft 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 Jewish 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 Foundation - One Union Station - Providence, RI 02903	22-2604963	501(C)(3)	150,000	0.			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

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Schedule I (Form 990)

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 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 Falls Rd Vail, CO 81657	84-0533775	501(C)(3)	5,500	0			unrestricted support
Vail Mountain School 3000 Booth Falls Rd Vail, CO 81657	84-0533775	501(C)(3)	5,000	0			unrestricted support

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**JEWISH FEDERATION FOUNDATION OF GREATER
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Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) 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.	0.		
FELLOWSHIP	1	1,200	0.		

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

Part I, Line 2:

1. FOR GRANTS FROM DESIGNATED FUNDS FOR GENERAL SUPPORT, THE FOUNDATION
REVIEWS THE NON-PROFIT STATUS THROUGH GUIDESTAR BEFORE MAKING AN ANNUAL
GRANT.

2. GRANTS FROM DONOR-ADVISED FUNDS ARE MADE IN RESPONSE TO RECOMMENDATIONS
FROM DONOR-ADVISORS. EACH RECOMMENDATION IS REVIEWED BY FOUNDATION STAFF
BEFORE THE GRANT IS PROCESSED AND THE NON-PROFIT STATUS OF THE GRANTEE IS
VERIFIED THROUGH GUIDESTAR.

JEWISH FEDERATION FOUNDATION OF GREATER
RHODE ISLAND

Schedule I (Form 990)

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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 named Samuel J. Rapaport 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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

**JEWISH FEDERATION FOUNDATION OF GREATER
RHODE ISLAND**

Employer identification number

05-0259003

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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:

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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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.

[illegible]

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization **JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND**

Employer identification number
05-0259003

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	175,243.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2018

JEWISH FEDERATION FOUNDATION OF GREATER

Schedule M (Form 990) 2018 RHODE ISLAND

05-0259003

Page 2



Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Line 32b:

ALL CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES ARE TRANSFERRED TO AND
SOLD BY THE FOUNDATION'S CUSTODIAN BANK.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 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.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

JEWISH FEDERATION FOUNDATION OF GREATER
RHODE ISLAND

Employer identification number
05-0259003

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

Name of the organization JEWISH FEDERATION FOUNDATION OF GREATER
RHODE ISLAND

Employer identification number
05-0259003

DIRECTORS, DISCLOSE, AND IN SOME INSTANCES REFRAIN FROM ENGAGING IN,
BUSINESS PRACTICES OR CONDUCT WHICH COULD CONSTITUTE A CONFLICT BETWEEN
THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION.

DIRECTORS AND STAFF UPDATE THEIR DISCLOSURES ANNUALLY, OR SOONER IF A
CHANGE IN DISCLOSURE ARISES. POTENTIAL CONFLICTS OF INTEREST INVOLVING
DIRECTORS ARE IDENTIFIED AND ADDRESSED IN ORDER TO ASSURE THAT THE
ORGANIZATION IS TREATED FAIRLY IN ALL ITS BUSINESS DEALINGS.

Form 990, Part VI, Section C, Line 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE
AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE
SUPPORTED ORGANIZATION'S WEBSITE.

Form 990, Part XI, line 9, Changes in Net Assets:

CHANGE IN PRESENT VALUE OF SPLIT INTEREST AGREEMENTS	-297,307.
OPENING NET ASSET BALANCE ADJUSTMENT	100,752.
Total to Form 990, Part XI, Line 9	-196,555.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND** Employer identification number **05-0259003**

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End of year assets	(f) Direct controlling entity

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
JEWISH ALLIANCE OF GREATER RHODE ISLAND (THROUGH 10/3/2018) - 27-4127671, 401 ELMGROVE AVENUE, PROVIDENCE, RI 02906	TO ENHANCE THE QUALITY OF JEWISH LIFE IN THE GREATER RI COMMUNITY	Rhode Island	501 (C)(3)	LINE 7			X
ALLIANCE REALTY, INC. (THROUGH 10/3/2018) - 45-4292097, 401 ELMGROVE AVENUE, PROVIDENCE, RI 02906	TITLE HOLDING COMPANY	Rhode Island	501 (C)(2)				X
THE RHODE ISLAND COMMUNITY FOUNDATION (EFFECTIVE 10/4/2018) - 22-2604963, ONE UNION STATION, PROVIDENCE, RI 02903	COMMUNITY FOUNDATION	Rhode Island	501 (C)(3)	LINE 8			X

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

Schedule R (Form 990) 2018

JEWISH FEDERATION FOUNDATION OF GREATER

Schedule R (Form 990) 2018 **RHODE ISLAND**

05-0259003 Page **2**

Part III

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end of year assets	(h) Disproportionate allocations?		(i) Code V UBI amount in box 20 of Schedule K 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end of year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

JEWISH FEDERATION FOUNDATION OF GREATER

Schedule R (Form 990) 2018 **RHODE ISLAND**

05-0259003 Page 3

Part 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

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
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing 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)
- s Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b	X	
1c		X
1d	X	
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o	X	
1p		X
1q	X	
1r	X	
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JEWISH ALLIANCE ALLIANCE OF GREATER RHODE ISLAND	B	434,819.	GRANTS PAID
(2) JEWISH ALLIANCE ALLIANCE OF GREATER RHODE ISLAND	O	254,592.	COST
(3) JEWISH ALLIANCE ALLIANCE OF GREATER RHODE 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	B	6,295.	GRANTS PAID

Schedule R (Form 990) 2018 RHODE ISLAND

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

Part VII: Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.