Form 990-T	Exempt Organization Business Inc		OMB No 1545-0687								
	(and proxy tax under section 60		104 2018								
e.	For calendar year 2018 or other tax year beginning JUL 1, 2018 , and ending JUN 30, 2019 PIUV Go to www.irs.gov/Form990T for instructions and the latest information.										
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).										
A Check box if address changed	Name of organization (Check box if name changed and see instructions.) DEmployer identification number (Employees' trust, see instructions)										
B Exempt under section	Print JEWISH FEDERATION OF GREATER SEATTLE		91-0575950								
x 501(c <u>113</u>)	Number, street, and room or suite no. If a P.O. box, see instructions.		E Unrelated business activity code (See instructions)								
408(e)220(e)	Type 2033 SIXTH AVENUE, NO. 810										
408A 530(a)	l l ·	City or town, state or province, country, and ZIP or foreign postal code									
529(a)	SEATTLE, WA 98121		531390								
C Book value of all assets at end of year 75,119	F Group exemption number (See instructions.) 18. G Check organization type x 501(c) corporation 501(c) trust 401(a) trust Other trust										
<u>-</u>	organization's unrelated trades or businesses.	Describe the only (or first) ur	<u>- </u>								
	· · · · · · · · · · · · · · · · · · ·	. If only one, complete Parts I-V.									
	lank space at the end of the previous sentence, complete Parts I and II, comple										
business, then complete		10 4 001104410 117 (01 04011 444110									
	the corporation a subsidiary in an affiliated group or a parent-subsidiary contro	olled group?	Yes X No								
	and identifying number of the parent corporation.	3									
J The books are in care of		Telephone number > 2	06-443-5400								
Part I Unrelate	d Trade or Business Income (A) In	ncome (B) Expense	s (C) Net								
1a Gross receipts or sale	es										
b Less returns and allo	wances c Balance lc										
2 Cost of goods sold (S	Schedule A, line 7)										
3 Gross profit. Subtrac	t line 2 from line 1c	, , , , , , , , , , , , , , , , , , , ,									
4a Capital gain net incor	ne (attach Schedule D)										
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797) 4b										
c Capital loss deductio	n for trusts 4c										
5 Income (loss) from a	partnership or an S corporation (attach statement) 5	752. STMT 1	752.								
6 Rent income (Schedi	lle C) 6										
7 Unrelated debt-finance	ed income (Schedule E)										
8 Interest, annuities, ro	yalties, and rents from a controlled organization (Schedule F)										
9 Investment income o	f a section 501(c)(7), (9), or (17) organization (Schedule G) 9										
10 Exploited exempt act	vity income (Schedule I)										
11 Advertising income (Schedule J)										
-	structions; attach schedule)										
13 Total. Combine lines		752.	752.								
Part II Deduction (Except for	ons Not Taken Elsewhere (See instructions for limitations on a contributions, deductions must be directly connected with the unrelated	ections.)									
14 Compensation of of	licers, directors, and trustees (Schedule K)	ပ္က	14								
15 Salaries and wages	incers, directors, and trustees (schedule K)	10V 2 1 2019	15								
16 Repairs and mainter	nance	10V 2 1 2019	16								
17 Bad debts		GDEN, UT	17								
18 Interest (attach scho	edule) (see instructions)	GUE'Y, UT	18								
19 Taxes and licenses			19								
	ons (See instructions for limitation rules)	4 1	20 0.								
21 Depreciation (attach		21	- 								
•	aimed on Schedule A and elsewhere on return	22a	22b								
23 Depletion			23								
	erred compensation plans		24								
25 Employee benefit pr			25								
26 Excess exempt expe			26								
27 Excess readership of		CMAMENTAM 2	27								
28 Other deductions (a	addit consider,	STATEMENT 2	28 3,740.								
	dd lines 14 through 28	10	29 3,740.								
	taxable income before net operating loss deduction. Subtract line 29 from line 1		30 -2,988.								
·	perating loss arising in tax years beginning on or after January 1, 2018 (see inst	ructions)	31 , 2 988								
32 Unrelated business	taxable income. Subtract line 31 from line 30		-2,988.								

Form 990-	1 (2016)	JEWISH FEDERATION OF GREATE	R SEATTLE		91-05/53	750			rage i
Part I		Total Unrelated Business Taxa	ble Income						
33	Total	of unrelated business taxable income comput	ed from all unrelated trades or businesses	s (see instruct	tions)	33		-2	,988.
34	Amou	ints paid for disallowed fringes				34			
35	Dedu	ction for net operating loss arising in tax years	s beginning before January 1, 2018 (see ii	nstructions)		35			
. 36	Total	of unrelated business taxable income before s	specific deduction. Subtract line 35 from t	he sum of					
	lines	33 and 34				36		-2	,988.
37	Speci	fic deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)			37		1	,000.
38	-	ated business taxable income. Subtract line	·	line 36,					
	enter	the smaller of zero or line 36				38		-2	,988.
Part I	V 1	Tax Computation			·				
39		nizations Taxable as Corporations. Multiply li	ine 38 by 21% (0.21)		•	39			0.
40	-	s Taxable at Trust Rates. See instructions for		unt on line 38	from:		_		
,-		Tax rate schedule or Schedule D (For	· · · · · · · · · · · · · · · · · · ·		•	40			
41		tax. See instructions	,			41			
42		native minimum tax (trusts only)			•	42	-	_	
43		n Noncompliant Facility Income. See Instruc	tions			43	-		
44		Add lines 41, 42, and 43 to line 39 or 40, whi				44	_		0.
Part V		Tax and Payments	опечен арриев			44	_		
		on tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a		T 1			
		credits (see instructions)	a doto attaon i om i i i o	45b		-			
C		ral business credit. Attach Form 3800		45c		⊣ ∣			
-		t for prior year minimum tax (attach Form 880	1 or 8827)	45d	<u></u> ,	⊣ ∣			
		credits. Add lines 45a through 45d	101 8821)	400		45e			
		•				46			0.
46		act line 45e from line 44 taxes. Check if from: Form 4255	Earm 9611		Other (attach schedule)	⊢		_	<u> </u>
47			FORM 8611 FORM 8697 FORM	10000 []	Ottlet (attach schedule)	48			0.
48		tax. Add lines 46 and 47 (see instructions)	Carra OCC D. Dart II. and town (b) has 0			├	-		0.
49		net 965 tax liability paid from Form 965-A or f	-orm 965-B, Part II, column (K), line 2	احما		49			<u> </u>
	-	ents: A 2017 overpayment credited to 2018		50a	F F20	\exists 1			
		estimated tax payments		50b	5,520	<u>'</u>			
		eposited with Form 8868		50c		-			
		gn organizations: Tax paid or withheld at sourc	ce (see instructions)	50d		4			
		ip withholding (see instructions)		50e		- I			
		for small employer health insurance premiun		50f		4			
9			orm 2439						
			her Total	▶ 50g		┩			
51		payments. Add lines 50a through 50g				51		5	520
52		ated tax penalty (see instructions). Check if Fo				52			
53		ue. If line 51 is less than the total of lines 48,				53			
54	•	payment. If line 51 is larger than the total of lir				54		5	,520.
55		the amount of line 54 you want: Credited to 2		5,520.	Refunded	55			0.
Part \		Statements Regarding Certain	· · · · · · · · · · · · · · · · · · ·				-		
56	-	\prime time during the 2018 calendar year, did the $lpha$						Yes	No
		financial account (bank, securities, or other)					:		1
		N Form 114, Report of Foreign Bank and Finai	ncial Accounts. If "Yes," enter the name of	the foreign c	ountry				
	here								Х
57	Durin	g the tax year, did the organization receive a d	istribution from, or was it the grantor of, o	or transferor t	o, a foreign trust?				Х
		s," see instructions for other forms the organiz							
58		the amount of tax-exempt interest received or							<u> </u>
	Un	der penalties of perjury, I declare that I have examined rect, and complete Declaration of preparer (other than	I this return, including accompanying schedules and taxpayer) is based on all information of which p	and statements, reparer has any	and to the best of my kr knowledge	owledge ar	nd belief, it is	true,	
Sign		8) 1	. 111. 1.0	, ,	_	May the IRS	discuss this	s return	with
Here		1 am		NT & CEO		-	r shown belo		_
		Signature of office()	Date Title		1	instructions)? X Ye	s	No
		Print/Type preparer's name	Preparer's signature	Date	Check	ıf PTII	V		_
Paid					self- employe	d			
Prepa	arer	SARAH B. HUANG	SARAH B. HUANG	11/14/19		P0	0745974		
Use C		Firm's name CLARK NUBER, P.S.			Firm's EIN	91	-119401	6	
-55	····y	10900 NE 4TH ST	REET, SUITE 1400						
		Firm's address BELLEVUE , WA 98	004		Phone no.	425-454	4-4919		
								=	

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year 6						
2 Purchases	2		7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3	<u>-</u>	1	from line 5. Enter here	and in F	Part I,			•
4a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to Yes No						
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		<u>]</u>	the organization?					Х
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pe	rsonal Property	Leas	ed With Real Pro	perty)	
1. Description of property									
(1)									
(2)									
(3)									
(4)				•					
ة يهديهي والسواء وهنداء	<- 2.⁴ Rent recelv					3(a) Deductions directly	connect	ad with the income	in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` of rent for p	ersonal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	age	columns 2(a) an			
(1)	•								
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Del	ot-Financed	l Income (see	ınstru	ictions)					
			2	2. Gross income from or allocable to debt-		3. Deductions directly conto debt-finance	ed prope	rty	
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)							+		
(2)									
(3)								-	
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	(Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction 6 x total of co 3(a) and 3(b))	
(1)			1	%	 		1		
(2)	· ·	•	1	• %		-			
(3)				%			1		
(4)			1	%					
			•			nter here and on page 1, Part I, line 7, column (A)		iter here and on pag art I, line 7, column	
Totals				•		0	<u>.</u>		0.
Total dividends-received deductions in	icluded in columi	n 8				>			0.

Schedule F - Interest,					s From C	ntroll	ed Organi	ratio	15 (see ins		ne)	Paye 4
Scriedule r - Interest,		o, noydi	uco, d		Controlled O			Latio	13 (266 11)	sii uCliO	110)	
1. Name of controlled organiza	ntrolled organization 2. Employer identification number		3. Net unr			tal of specified ments made	5. Part of column 4 that is included in the controlling organization's gross incom		trolling	ng connected with income		
<u> </u>				ļ		-		ł				
(1)				-				 		+		
(2)				-				 		+		
_(3)				-								
(4)												
Nonexempt Controlled Organi	zations			·			 					
7. Taxable Income		related incom- e instructions		9. Total	of specified payi made	nents	10. Part of colu in the control gros		nization's		eductions directly th income in colun	
(1)				1								
(2)												
(3)			·									
(4)		***										
						` ñ	Enter here and		e 1, Part I,		Add columns 6 and here and on page line 8, column (E	1, Part I,
Totals						>			0.			0.
Schedule G - Investme	ent Incon	ne of a S	Section	n 501(c)(7), (9), or	(17) Oi	rganization	1				
(see inst	ructions)											
1. Desc	cription of incom	ne			2. Amount of	income	3. Deduction directly connection (attach schedule)	ected	4. Set- (attach s	-asides schedule)	and se	deductions it-asides lus col 4)
(1)							_					
(2)												
(3)												
(4)						-						
Totals				>	Enter here and Part I, line 9, co						Enter here an Part I, line 9,	d on page 1, column (B)
Schedule I - Exploited (see instru		Activity	Incom	ne, Othe	r Than Ad	lvertis	ing Incom	9				
1. Description of exploited activity	2. Gr unrelated l income trade or b	ousiness from	directly with pr of un	epenses connected roduction irelated ss income	4. Net incomfrom unrelated business (cominus columgain, compute through	trade or olumn 2 n 3) If a e cols 5	5. Gross inc from activity is not unrela business inco	that ted	attribut	penses table to mn 5	7. Excess expenses 6 minus c but not m colum	(column column 5, nore than
(1)			-									
(2)						-						
(3)			3	•	`							-
(4)							_					
	Enter here page 1, line 10, c	Part I, col (A)	page	ere and on 1, Part I, I, col (B)						10 (A)	Enter he on pa	ge 1,
Schedule J - Advertisi	na Incon	0.	ota iotio	0.	2453802 BY 23	**************************************	4		, 'E alesta Talif	A1-34 - Y	<u>.u.</u>]	
Part Is Income From					colidated	Racie			-			
Part-13 Income From	Periodic	ais nepo		on a Con	Solidated	Dasis						
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (co	ain, compu			6. Read cos		7. Excess re costs (column column 5, but than colu	n 6 minus t not more
(1)					(A) (A)	لأزو الأ	7. 1.				The time of	18
(2)							·				J. 5 A	St. A. S.
(3)						77,7	٠,					
(4)			1			4.4.15	*				E Car	
												0.
Totals (carry to Part II, line (5))	▶		0.	,	٥.				<u> </u>		<u> </u>	υ,

Part, II: Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	_						
(2)						_	
(3)							
(4)							
Totals from Part I	▶	0.	0.	4	1,500	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.		·	and the second	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

v

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	and the particular
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	·	>	0.

Form 990-T (2018)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	1	NET INCOME OR (LOSS)
CHELTEN APARTMENTS A	ASSOCIATES - ORDINARY BUSINESS INCOME	752.
TOTAL INCLUDED ON FO	ORM 990-T, PAGE 1, LINE 5	752.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX RETURN PREPARATI	ON FEES	3,740.

Jewish Federation of Greater Seattle

EIN: 91-0575950

FORM 990-T, PART II, LINE 20

6/30/2019

ß,

Charitable Contribution Carryforward Schedule

Year End	; Ori	gınal Amount	urrent Year unt Available	 rent Year t Utılızed	Am	ount Expired	C	Amount arryforward
06/30/14	\$	3,492,318	\$ 3,474,599	\$ -	\$	3,474,599	\$	-
06/30/15	\$	3,719,990	\$ 3,710,104	\$ -	\$	• -	\$	3,710,104
06/30/16	\$	6,283,887	\$ 6,278,328	\$ -	\$	-	\$	6,278,328
06/30/17	\$	2,903,282	\$ 2,-897,837	\$ -	\$	-	\$	2,897,837
06/30/18	\$	3,106,153	\$ 3,052,520	\$ -	\$	-	\$	3,052,520
06/30/19	\$	2,972,341	\$ 2,972,341	\$ -	\$	-	, \$	2,972,341
	\$	22,477,971	\$ 22,385,729	\$ <u>-</u>	\$	3,474,599	\$	18,911,130

Total charitable contribution carryforward to 6/30/2020 \$ 18,911,130

del etc pg 2!