For Paperwork Reduction Act Notice, see the separate instructions.

Form 990
(Rev January 2020)
Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

			o for instructions and the lates			Поресцон			
<u>A</u>	For th	e 2019 calendar year, or tax year beginning $03/01/19$		19		- 1.J AUT			
<u>B</u>	Check of a	applicable C Name of organization ITHACA AREA UNIT	ED JEWISH		D Employe	r Identification number			
	Address o	change COMMUNITY, INC.							
\Box	Name cha	Doing business as			16-1604635				
\equiv		Number and street (or PO box it mail is not delivered to street ac	idress)	Room/suite		e number 351-9430			
_	indial retu Final retu				507-	JJI J430			
	terminated	i			C C	tents 412,980			
\Box	Amended			1	G Gross rec	elps			
Ħ	Annlication			H(a) Isthisa gr	oup return for	subordinates Yes X No			
ш	- фрицация			H(b) Are all sut	nordinatae me	turted? Yes No			
		PO BOX 4124	14852			(see instructions)			
						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		npt status	4947(a)(1) or 527	⊢					
	Website:			H(c) Group exe Year of formation 1		M State of legal domicile NY			
_		organization X Corporation Trust Association Other ▶		Year of formation 1	340	M State or legal domicile 11			
	art I	Summary							
•	1 8	Briefly describe the organization's mission or most significant			DID.				
ဋ		TO CONNECT JEWISH PEOPLE LOCALLY,	IN ISRAEL AND AROU	ND THE WO	KID				
Governance									
ķ		 -							
ဖိ	2 (Check this box 🖊 🔛 if the organization discontinued its operat	ions or disposed of more than	25% of its net a		1.0			
∞ಶ	3 1	Number of voting members of the governing body (Part VI, line	· 1a)		3	16			
Activities	4 1	Number of independent voting members of the governing body	(Part VI, line 1b)		4	16			
Ξ	5 1	Total number of individuals employed in calendar year 2019 (P	art V, line 2a)		5	0			
Act	6 1	Total number of volunteers (estimate if necessary)			6	25			
1	7a 7	Fotal unrelated business revenue from Part VIII, column (C), lir	ne 12		7a	0			
	1 d	Net unrelated business taxable income from Form 990-T, line 3	39	Poles Man		0			
]			Prior Yea		Current Year 76,996			
e		Contributions and grants (Part VIII, line 1h)	\/	77	, 109	70,990			
Revenue		Program service revenue (Part VIII, line 2g)	Y		075	27,673			
Še	l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,875 1,123	-2,245					
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a	·	<u>-1</u>	541	102,424			
		Total revenue – add lines 8 through 11 (must equal Part VIII, o			3,932	122,806			
		Grants and similar amounts paid (Part IX, column (A), lines 1–3	7,932	122,800					
		Benefits paid to or for members (Part IX, column (A), line 4)	(4) 1 5 40			0			
es		Salaries, other compensation, employee benefits (Part IX, colu	mn (A), lines 5–10)						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0 727						
X.		Total fundraising expenses (Part IX, column (D), line 25) ▶	2,737	13	3,481	20,527			
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	DEOE WEE		2,413	143,333			
		Total expenses Add lines 13-17 (must equal Part IX, column (N) INPOSE CEIVED		7,413	-40,909			
>8		Revenue less expenses Subtract line 18 from line 12	h. G	Beginning of Cur	rent Year	End of Year			
Assets or Balances	20 1	Total assets (Part X, Ime 16)	S JUN 2 9 2020	891	, 665	890,005			
88	21 7	Total liabilities (Part X, line 26)	2020		,369	9,797			
到		Net assets or fund balances Subtract line 21 from line 20	OGDEN, UT		2,296	880,208			
P	art II	Signature Block							
		natties of perjury, I declare that I have examined this return, including	accompanying schedules and state	ements and to the	e best of m	v knowledge and belief, it is			
tru	ie, corre	ect, and complete Declaration of preparer (other than officer) is based	d on all information of which prepa	rer has any knowl	ledge				
		Colvard W eiseman			6/	18/20			
Sig	ın	Signature of officer			Date				
He	-	EDWARD WEISSMAN	TREAS	URER					
		Type or print name and title							
_		Print/Type preparer's name Preparer's sign	nature	Date	Check	if PTIN			
Paid	Ŀ		Richards, CPA	06/16/	/20 self-em	Dioyed P01227924			
	parer	Firm's name The Leppert Group LI			im's EIN ▶	22-3662348			
	Only	One Route 560		<u></u>					
	,		5-5038	١	hone no	973-948-5179			
Max	the ID	Firm's address Sandyston, NJ 07826 Sandyston, NJ 07826			INCRO IN	X Yes No			
IVICITY	1110 III	o final control of the state of the big benefit and the state of the s				· ···*			

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Form 990 (2019) ITHACA AREA UI	NITED JEWISH	16-1604635	Page 2
Part III Statement of Program	Service Accomplishments	· -	
	ntains a response or note to any	line in this Part III	
1 Briefly describe the organization's mission of CONNECT TENTSH DEC	on NDT:F I.OCAT.I.V IN ISDA	AEL AND AROUND THE WOR	T.D.
TO CONNECT DEWISH PEC	PLE LOCALLI, IN 15R	TEL AND AROUND THE WOR	LAL)
2 Did the organization undertake any signi prior Form 990 or 990-EZ?	ficant program services duπng the year w	hich were not listed on the	Yes X No
If "Yes." describe these new services on	Schedule O		res [22] 140
	or make significant changes in how it cond	ducts, any program	
services?			Yes X No
If "Yes," describe these changes on Sch			
-		e largest program services, as measured by amount of grants and allocations to others,	
the total expenses, and revenue, if any,		amount of grants and anotations to offers,	
4a (Code:) (Expenses \$	65,410 including grants of \$	65,410) (Revenue \$	
DISTRIBUTIONS TO JEWI	SH FEDERATION OF NO	RTH AMERICA	
4b (Code) (Expenses \$	14,800 including grants of\$	14,800) (Revenue \$	
DISTRIBUTIONS TO AMER	RICANS FOR ISRAEL AND	TORAH	
l			
	• • •		
	٠.٠٠		
	50.004	10.500	
4c (Code) (Expenses \$	53,034 including grants of \$	42,596) (Revenue \$	
ALL OTHER PROGRAM SEI	RVICES		
	· • , •		
4d Other program services (Describe on Sc	hedule O)		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses ▶	133,244	· · · · · · · · · · · · · · · · · · ·	
DAA			Form 990 (2019

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Part IV Charklist of Paguired Schodules

	art IV Checklist of Required Schedules		1	T
_	Letter and the description 504/2/2) and 4047/2/41 /after them a market formulation 2 16 "Ven "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	x	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?	2	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$	\vdash
2	Did the organization required to complete scriedule B, Scriedule of Continuators (see instructions). Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	┢
3	candidates for public office? If "Yes," complete Schedule C, Part I	3	1	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		╁	
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	7-		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ł	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? If	1		
	"Yes," complete Schedule D, Part I	6	1	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? If "Yes," complete Schedule D, Part II	7	ĺ	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1	ľ	
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	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 167 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
_	Schedule D, Parts XI and XII	12a		├^
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	425		v
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			İ
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		Х
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10-		_ <u></u>
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	··		
17	Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	··		<u> </u>
13	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
- '	demostic government on Part IX column (A) line 12 if "Ves" complete Schedule I. Parts I and II	21	v	i

U	A lattilly theriber of any individual described in line 2027 in Tes, complete Schedule L, Fart TV
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If
	"Yes," complete Schedule L, Part IV
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified
	conservation contributions? If "Yes," complete Schedule M
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"
	complete Schedule N, Part II
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I
34	Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Part II. III.

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

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		Ш
		Yes	No

а	Enter the	number	reported in	n Box 3	3 of	Form 1	096	Enter	-0- if not	tapplicable
---	-----------	--------	-------------	---------	------	--------	-----	-------	------------	-------------

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?

1a 3 1b 0

38 | X

X

X

X

X

X

X

X

30

31

32

33

34

35a

36

37

or IV and Part V. line 1

	990 (2019) ITHACA AREA UNITED JEWISH 16-1604			P	age \$
) Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (∞	ntinued)		1	 -
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			
	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 re	eturns?	<u>2b</u>		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction)	ons)	<u> </u>		
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 on Schedul		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth	er authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other finan	cal account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country ▶		1	l l	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	al Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax years	•	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction?	5b		X
С	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 contribution	ntions or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for	or goods			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was			
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	J		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	t contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	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				1
а	Intiation 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.				
а	Gross income from members or shareholders	11a]]		
ь	Gross income from other sources (Do not net amounts due or paid to other sources]			i
	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 F	orm 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			i
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				1
b	Enter the amount of reserves the organization is required to maintain by the states in which				ı
	the organization is licensed to issue qualified health plans	13b			1
С	Enter the amount of reserves on hand	13c	`		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schee	iule O	14b		
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N			[
16	Is the exceptration an educational institution subject to the section 4968 excise tay on net investment	ent income?	16		X

Form **990** (2019)

If "Yes," complete Form 4720, Schedule O

Form	990 (2019) ITHACA AREA UNITED JEWISH 16-1604635		Р	age 6
	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	and fo		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See	ınstru	ictions
	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{X}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15 .			
	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 on Schedule O	ŀ		
ь	Enter the number of voting members included on line 1a, above, who are independent 1b 16]]
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with]	l	
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	$\overline{\mathbf{x}}$	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu		de)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	700	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	- 10		1
12a		12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		X
	Did the process for determining compensation of the following persons include a review and approval by	'		<u> </u>
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	150		X
a b	Other officers or key employees of the organization	15a 15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130	-	 ^ -
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IOa		460		X
h	with a taxable entity during the year? If "Yes " did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	ļ	^
D	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			
		405		
Soc	organization's exempt status with respect to such arrangements?	16b		
17 40	List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (Section 504(s))			
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			
40	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
22	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			
	dward Weissman PO Box 4124	. 25	1 ^	42A
	thaca NY 14852 607	<u>-35</u>	<u> </u>	<u>430</u>

Form 990 (2	019) ITHACA AREA UNITED	JEWISH	16-1604635		Page
Part VII	Compensation of Officers, Direct	tors, Trustees, Key	Employees, Highest	Compensated	Employees, and
	Independent Contractors				
	Check if Schedule O contains a res	sponse or note to an	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. See instructions for the order in which to list the persons above

X Check this box if neither the or	ganization nor a	ny re	elate	d on	ganı	zation	œ	mpensated any current off	ficer, director, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for	box	(C) Position (do not check more than one box, unless person is both an officer and a director/frustee)				an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estmated amount of other compensation from the organization and
	related organizations below dotted tine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(**21833****(85)	(0.2.100111100)	related organizations
(1)MARCIA ZAX		ĺ								
	5.00									
BOARD CHAIR	0.00	X	 	Х				0	0	0
(2) MARIE BIRK										
	2.00	1								
SECRETARY	0.00	X		Х				0	0	0
(3) EDWARD WEISSMAN										
.,,	5.00									
TREASURER	0.00	X		x				o o	0	0
(4) ALAN BLANKSTE IN										
• •	2.00					1				
DIRECTOR	0.00	X						l o	0	0
(5) CLAUDE COHEN						177	•			
•••	2.00					1			•	
DIRECTOR	0.00	Х				H	- 1	O	0	0
(6) ANN ERLICH										
• •	2.00									
DIRECTOR	0.00	X						0	0	0
(7) HOWARD ERLICH						П				
	5.00	1			1					
DIRECTOR	0.00	X						0	0	0
(8) RICHARD EHRLICH		ļ								
	2.00									
DIRECTOR	0.00	X						0	0	0
(9) MARJORIE HOFFMA	7									
	5.00				ŀ					
DIRECTOR	0.00	X						0	0	0
(10) SHERRIE NEGREA										
	2.00				İ					
DIRECTOR	0.00	X				Ш		0	0	0
(11) JOHN ROSENTHAL						ΙŢ				
	2.00									
DIRECTOR	0.00	X			L_			0	0	0

Part VIII Section A. Officer	s, Directors, T	rust	es,	Key	/ En	ploy	/ees	, and Highest Compens	ated Employees (continu	ed)
(A) Name and title	(B) Average hours per week (list any hours for	off	c, unle	Pos heck ss pe	erson direct	than o	n an tee)	(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 below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W276334mee)	(WZ ISSE IMEE)	related organizations
(12) NEIL ZUSMAN	2.00				`					
DIRECTOR	0.00	X	L		<u> </u>			0	0	0
(13) RICHARD ROSE	NFELD			1						
DIRECTOR	2.00 0.00	x						0	0	0
(14) SARA KRANZLE										
D TRECTION	2.00 0.00	x	1					1	o	o
DIRECTOR (15) JOSHUA KRISC		┢	╁╌	-	╁	\vdash	\vdash	0	<u>_</u>	
(==, 0001141 14(100	2.00	1								
DIRECTOR	0.00	X			L			0	0	0
(16) DANI NOVAK		l	l							
n Ingamon	2.00				1				_	
DIRECTOR (17) ELI SILBERST	0.00	X	├	-	┢╌	\vdash	\vdash	0	0	0
(17) EHI SIMBINSI	1.00									
EX-OFFICIO	0.00	x	l		L.			0	o	o
(18) NAOMI WILENS									· - -	
	1.00									
EX-OFFICIO (19) ANDREW WEISS	0.00	X	-	├	┢	-	<u> </u>	0	0	0
(19) ANDREW WE188	1.00				ł					
EX-OFFICIO	0.00	X					<u> </u>	0	0	· 0
1b Subtotal							ightharpoons			
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VI	l, Se	ction	n A			>			
2 Total number of individuals (in				tho	se l	sted	abo	ve) who received more that	an \$100,000 of	
reportable compensation from	the organization	on ►	· U				_			Yes No
3 Did the organization list any for employee on line 1a? If "Yes,									ted	3 X
4 For any individual listed on lin organization and related organization	e 1a, is the sui	n of	repo	rtab!	le co	mpe	nsat	tion and other compensation		
individual	_							·		4 X
5 Did any person listed on line for services rendered to the or									or individual	5 X
Section B. Independent Contract		, 00	, 00.	p.c	-10 0	0,,,,,		o for dacir person	· · · · · · · · · · · · · · · · · · ·	10111
1 Complete this table for your fi	ive highest com									
compensation from the organ	(A) Dusiness address	COITI	Jens	auom	ijor	the c	T		(B) bloom of services	(C) Compensation
Name and	DUSITESS AUGIESS						 	Descrip	non or services	Compensation
							<u> </u>	·		
							\vdash			
2 Total number of independent received more than \$100,000									0	
DAA										Form 990 (2019

Part VII Section A. Office					_		/ees	s, and Highest Compens		ied)		age U
(A) Name and title	(B) Average hours per week (list any	off	k, unk icera	Pos heck ss pe	erson	than is boti or/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	cc	(F) mated amount of other ompensation from the	ı
	hours for related organizations below dotted fine)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		anization and d organization	าร
(20) LAUREN GOLDE	I .					_						
EX-OFFICIO	1.00	X						0	o			0
(21) MIRIAM SPITZ		A			 - -		-	<u> </u>		-		
FY-AFFICIA	1.00	x					i	0	o			0
EX-OFFICIO	0.00	Î						0	<u> </u>			
1b Subtotal c Total from continuation she d Total (add lines 1b and 1c)	eets to Part VII,	Sec	ction	A			> > >					
Total number of individuals (in reportable compensation from			ed to	tho	se li	sted	abo	ve) who received more that	n \$100,000 of			
Did the organization list any fi employee on line 1a? If "Yes,	ormer officer, d	recto							ted		Yes	No
4 For any individual listed on lin organization and related organization	nizations greater	r tha	n \$1	50,0	900?	If "Y	'es,"	complete Schedule J for	such	3	4	_
5 Did any person listed on line for services rendered to the c	organization? If "								or individual		5	
Section B. Independent Contract 1 Complete this table for your fi		nens	ated	ınde	nen	dent	COF	stractors that received more	e than \$100,000 of	•		
compensation from the organ	zation Report c	omp	ensa	ton	for t	the c	aler	ndar year ending with or w	thin the organization's tax	year	<u>(C)</u>	
Name and	(A) business address						┝	Descript	(B) Don of services		(C) Compensati	ion
									***	_		
2 Total number of independent											·	
received more than \$100,000 DAA	or compensation	n fro	m tr	e or	ganı	zauo	n 🟴	·			Form 990	(2019) *

ĮPą	irt V	Aiji Statem Check it	ent o f Sch	o t Revenue nedule O con	tains	a respo	onse or no	te 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
nts nts	1a	Federated camp	paigns	 }	1a					· · · · · · · · · · · · · · · · · · ·	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	_		1b						
Ę,	С	Fundraising eve			1c		1,388				
ë ë	d	Related organiz	ations	.	1d						
Si.E	e	Government grants (d	contribut	ons)	1e						
흔	f	All other contributions,									
흎		and similar amounts n	iot includ	ded above	1f		75,608				
id tr	g	Noncash contributions	ınctude	d in lines 1a-1f	1g	\$	194				
<u>ठ</u> ह	h	Total Add lines	1a-1	<u>f</u>			<u> </u>	76,996			
	_						Business Code				
ġ.	2a						 				
89	b						<u> </u>				
58	C										
Program Service Revenue	d								·········		
Œ	e	All other program	m car	VICE FEVERUR							
		Total. Add lines									
	3	Investment inco			ds, inte	erest, and	1				
		other similar an	•	_	•		•	19,096			19,096
	4	income from inv	estme	ent of tax-exemp	ot bond	proceed	ls 🕨				
	5	Royalties					>				
				(i) Real		(ii)	Personal				
	6a	Gross rents	6a	•							
	b	Less rental expenses	6b				-				
	С	Rental inc or (loss)	6c								
		Net rental incom Gross amount from	ne or				<u> </u>				
		sales of assets	_	(i) Securities		(11)	1,765				
a		other than inventory	7a	312,	323	-	1,765				
ᇙ	Ð	Less cost or other	7b	305,	711						
ě	_	basis and sales exps Gain or (loss)	7c		812	-	1,765				
Other Revenue		Net gain or (loss		<u> </u>			•	8,577	6,812		1,765
Ĕ.		Gross income from		raising events							
		(not including \$		ĭ1,388							
		of contributions rep	ported	on line 1c)							
	-	See Part IV, Ine 1	8		8a		2,600				
	b	Less direct exp	enses	;	_8b		4,845				
•	С	Net income or (loss) (from fundraising	event	<u> </u>		-2,245			
	9a	Gross income from	-	ng activities							
		See Part IV, line 1			9a						
		Less direct exp			9b						· · · · · · · · · · · · · · · · · · ·
		Net income or (•	• •	ovities						
	ıua	Gross sales of a		-	10a						i
	h	Less cost of go			10b						
		Net income or (,					
-		Tree moonte or t	.000/ .				Business Code				
ë e	11a								•		
ane	b							,			
le Se	С										
Miscellaneous Revenue	d	All other revenu	е								· · ·
		Total. Add lines	11a-	11d	,						50.00
	12	Total revenue.	See	nstructions			<u> </u>	102,424	6,812	0	20,861

| 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 (A) Total expenses (C) Management and general expenses (D) Do not include amounts reported on lines 6b, Program service expenses Fundraismo 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 122,806 122,806 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 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 salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (nonemployees) a Management b Legal 4,100 4,100 c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 485 485 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 934 934 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 4,970 4,970 Investment Advisory Fees 3,126 3,126 PJ Library Support 2,737 2,737 General Campaign Expenses C **Events** 1,998 998 2,177 344 1,833 e All other expenses 143,333 133,244 7,352 2,737 25 Total functional expenses. Add lines 1 through 24e 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 ▶ I if following SOP 98-2 (ASC 958-720)

				(A)		(B)
				Beginning of year		End of year
ſ	1	Cash—non-interest-bearing		37,844	1	43,85
Ì	2.			31,961	2	32,00
	3	Pledges and grants receivable, net		3		
Į	4	Accounts receivable, net		4		
١	5	Loans and other receivables from any current or forme			- 1	
- [trustee, key employee, creator or founder, substantial			-	
-1		controlled entity or family member of any of these pers		5		
1	6	Loans and other receivables from other disqualified pe		-		
2		under section 4958(f)(1)), and persons described in se	ection 4958(c)(3)(B)		6	· · · · · · · · · · · · · · · · · · ·
Assets	7	Notes and loans receivable, net			_7_	
۱*	8	Inventories for sale or use			8	
1	9	Prepaid expenses and deferred charges	1 1		9	
ł	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a		-	
	b	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		821,860	11	811,810
١	12	Investments—other securities See Part IV, line 11		·	12	
Ì	13	investments—program-related See Part IV, line 11		13		
-	14	Intangible assets		14		
-	15	Other assets See Part IV, line 11			15	2,33
4	<u>16</u>	Total assets. Add lines 1 through 15 (must equal line	891,665	16	890,005	
	17	Accounts payable and accrued expenses			17	8'
Į	18	Grants payable		9,369	18	9,710
ı	19	Deferred revenue	•		19	
	20	Tax-exempt bond liabilities			20	
- 1	21	Escrow or custodial account liability Complete Part IV	of Schedule D	<u> </u>	21	
8	22	Loans and other payables to any current or former office	er, director,		- 1	
		trustee, key employee, creator or founder, substantial of	contributor, or 35%		—-	
4		controlled entity or family member of any of these person	ons		22	
	23	J-3 (1-)	•		23	
- [24	Unsecured notes and loans payable to unrelated third	parties - '		24	
-	25	Other liabilities (including federal income tax, payables				
ļ		parties, and other liabilities not included on lines 17-24)	. Complete Part X			
ı		of Schedule D		0.360	25	0.70
+	26	Total liabilities. Add lines 17 through 25	[0.0]	9,369	26	9,79
ğ		Organizations that follow FASB ASC 958, check he	ere X			
		and complete lines 27, 28, 32, and 33.		70 700		
į	27	Net assets without donor restrictions		78,709	27	68,398
	28	Net assets with donor restrictions		803,587	28	811,810
š		Organizations that do not follow FASB ASC 958, c	heck here ▶			
		and complete lines 29 through 33.			_	
2	29	Capital stock or trust principal, or current funds			29	
3	30	Paid-in or capital surplus, or land, building, or equipmen			30	
<u> </u>	31	Retained earnings, endowment, accumulated income, or	or other funds	600 000	31	000 000
į :	32	Total net assets or fund balances		882,296	32	880,208
-13	33	Total liabilities and net assets/fund balances		891,665	33	890,005



Form	990 (2019) ITHACA AREA UNITED JEWISH 16-1604635				Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10	2,4	424
2	Total expenses (must equal Part IX, column (A), line 25)	2		14	3,3	333
3	Revenue less expenses Subtract line 2 from line 1	3		-4	0,9	909
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		88	2,2	296
5	Net unrealized gains (losses) on investments	5		3	8,8	321
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		88	0,2	208
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					(
	If the organization changed its method of accounting from a prior year or checked "Other," explain in .					
	Schedule O]
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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					j
	Separate basis Consolidated basis Both consolidated and separate basis					l
b	Were the organization's financial statements audited by an independent accountant?		L	2b		X
	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		_			l]
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		1			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O		_			لـــا
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		, Г			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3ь		
					990	(2010)

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DA/

SCHEDULE A (Form 990 or 990-EZ)

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.

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Name of the organization IT

ITHACA AREA UNITED JEWISH COMMUNITY, INC.

Employer Identification number 16–1604635

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III. // functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (IV) is the organization (v) Amount of monetary (vi) Amount of (ID EIN (i) Name of supported (iii) Type of organization fisted in your governing other support (see organization (described on lines 1-10 support (see instructions) above (see instructions)) document? instructions) Yes (A) (B) (C) (D) (E)

16-1604635

Page 2

Calent	(Complete only if you che Part III. If the organization ion A. Public Support dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not		under the te				alify under
Calent	dar year (or fiscal year beginning in) Gifts, grants, contributions, and		· · · · · · · · · · · · · · · · · · ·	sts listed belov	v, please com	olete Part III.)	
Calent	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2015					
	Gifts, grants, contributions, and	(a) 2015					
1			(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	ındude any "unusual grants")	84,215	88,818	76,387	74,606	76,996	401,022
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
•	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	84,215	88,818	76,387	74,606	76,996	401,022
	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)					fa ,	
6	Public support. Subtract line 5 from line 4						401,022
	ion B. Total Support						
Caten	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	84,215	88,818	76,387	74,606	76,996	401,022
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,636	7,799	8,853	8,309	19,096	51,693
	Net income from unrelated business activities, whether or not the business is regularly carried on						
	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						452,715
	Gross receipts from related activities, etc	•				12	2,600
	First five years. If the Form 990 is for the		st, second, third, f	ourth, or fifth tax y	ear as a section t	501(c)(3)	. —
	organization, check this box and stop he						
	tion C. Computation of Public S		-			Т.:-т	
	Public support percentage for 2019 (line 6			mn (f))		14	88.58%
	Public support percentage from 2018 Sch					15	92.55%
	33 1/3% support test-2019. If the orga				s 33 1/3% or more	e, check this	⊾ ভো
	box and stop here. The organization qua				- 4E :- 00 4/00/		► X
	33 1/3% support test—2018. If the orga				9 15 IS 33 1/3% OF	more, check	. □
	this box and stop here. The organization			=	16a ar 16h and	lima 4.4 in	
17 a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee	_					
	Part VI how the organization meets the "				•	•	
	organization	acts-arid-circumsta	nocs test me o	rganization qualit	co as a publicly si	apported	▶ □
	10%-facts-and-circumstances test—2	018 If the organiza	tion did not check	ca box on line 13	16a 16b or 17a	and line	, _—
_	15 is 10% or more, and if the organization	•					
	Explain in Part VI how the organization in				•	_	
	supported organization			J			▶ 🗌
18	Private foundation. If the organization d	id not check a box	on line 13, 16a, 1	6b, 17a, or 17b, o	check this box and	see	▶□

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Schedule A (Form 990 or 990-EZ) 2019 ITHAC
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 Organizatio	ns
---------------------------------------	----

- 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," enswer (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.
- 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.)

 	Yes	No
1		
2		
3a		
	l	
3b		
3c		
 4a		
4b		
70		
5b 5c		
6		
7		
8		
-		
9a		
9b		
	J	
9c		
10a	 ;	
10b		
 TUD		<u></u>

Sched	ule A (Form 990 or 990-EZ) 2019 ITHACA AREA UNITED JEWISH 16-16	04635		Page (
Pa	rt IV Supporting Organizations (continued)			T
		Γ	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а		11a	<u> </u>	
_	below, the governing body of a supported organization?	11b		
	A family member of a person described in (a) above?	11c		
	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.	110	<u> </u>	1
	Sin 2: 1)po i capporang organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Ĭ	
·	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	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		l <u></u>	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		į	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<u> </u>	<u> </u>
Sect	ion C. Type II Supporting Organizations	· · · · · · · · · · · · · · · · · · ·		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	[1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	<u> </u>	L
Sect	ion D. All Type III Supporting Organizations			l Na
	The state of the s		Yes	No_
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		l	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	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)	<u> </u>		
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	1		
	supported organizations played in this regard	3		
Sect	ion 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 ins	tructions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee instruction	s).	
	-	ļ		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	30		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	.		
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
_	activities but for the organization's involvement	20		-
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	74		
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	3b		
	or its supported organizations: it res, describe in rail vi tile role played by the organization in this regard		000	E7\ 204

Schedule A (Form 990 or 990-EZ) 2019 ITHACA AREA UNITED JEWISH		16-1604	.635 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	ov 20), 1970 (explain in Part VI) See
instructions. All other Type III non-functionally integrated supporting organizations mu	ust con	mplete Sections A throug	h E
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes 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) Pnor Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			1
instructions for short tax year or assets held for part of year)			ļ
a Average monthly value of securities	1a		<u> </u>
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			1
factors (explain in detail in Part VI)			<u> </u>
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 Recovenes 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	d Type	e III supporting organization	on (see

Schedule A (Form 990 or 990-EZ) 2019

Schedu	le A (Form 990 or 990-EZ) 2019 ITHACA AREA UNITE	D JEWISH	16-1604	635 Page 7					
Par		Supporting Organ	izations (continued)						
Sect	ion D - Distributions		· 	Current Year					
1	Amounts paid to supported organizations to accomplish exempt purp	oses							
2	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 sup	ported 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 organizations	zation is responsive							
	(provide details in Part VI). See instructions								
9	Distributable amount for 2019 from Section C, line 6								
10	Line 8 amount divided by line 9 amount	·							
		(i)	(ii)	(111)					
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019					
1	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019								
	(reasonable cause required-explain in Part VI) See								
	Instructions								
3	Excess distributions carryover, if any, to 2019								
	From 2014		· · · - · - · - · · · · · · · · · · · ·						
	From 2015								
	From 2016								
	From 2017		· · - · ·						
	From 2018								
	Total of lines 3a through e								
	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2019 distributable amount								
<u>i</u>	Carryover from 2014 not applied (see instructions)								
<u>i</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f								
4	Distributions for 2019 from		•						
	Section D, line 7 \$								
a	Applied to underdistributions of prior years								
b	Applied to 2019 distributable amount								
С	Remainder Subtract lines 4a and 4b from 4								
5	Remaining underdistributions for years prior to 2019, f								
	any Subtract lines 3g and 4a from line 2 For result			•					
	greater than zero, explain in Part VI See instructions								
6	Remaining underdistributions for 2019 Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI See instructions								
7	Excess distributions carryover to 2020. Add lines 3j								
	and 4c								
8	Breakdown of line 7								
а	Excess from 2015			<u></u>					
b	Excess from 2016			<u> </u>					
С	Excess from 2017	1 hour							
d	Excess from 2018	4]					

e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019 ITHACA AREA UNITED JEWISH 16-1604635 Page 8

[Part VI] Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,

3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,

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 2019 Open to Public Inspection

Name	of the organization		Employer Identification number			
ITHACA AREA UNITED JEWISH						
_C	OMMUNITY, INC.		16-1604635			
Pa	art I Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" or	unds or Other Similar Funds or Form 990, Part IV, line 6.	or Accounts.			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing th	at the assets held in donor advised				
_	funds are the organization's property, subject to the organization's ex		☐ Yes ☐ No			
6	Did the organization inform all grantees, donors, and donor advisors in					
_	only for chantable purposes and not for the benefit of the donor or do					
	conferring impermissible private benefit?		☐ Yes ☐ No			
P	rt II Conservation Easements.					
•	Complete if the organization answered "Yes" or	Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (chec					
•	Preservation of land for public use (for example, recreation or edi		important land area			
	Protection of natural habitat	Preservation of a certified h	•			
	Preservation of open space	Treservation of a sertifica in	Stolle Gradiale			
2	Complete lines 2a through 2d if the organization held a qualified cons	entation contribution in the form of a con	eservation			
2	easement on the last day of the tax year	ervation contribution in the form of a con	Held at the End of the Tax Year			
_	•		2a			
a	Total number of conservation easements		2b			
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure in	studed in (a)	2c			
C		` '	70			
a	Number of conservation easements included in (c) acquired after 7/25	700, and not on a	2d			
_	histonic structure listed in the National Register	who wished as to make d by the errors				
3	Number of conservation easements modified, transferred, released, e	xunguished, or terminated by the organi	zation during the			
	tax year >	In such at N				
_	Number of states where property subject to conservation easement is					
5	Does the organization have a written policy regarding the periodic mo	nitoring, inspection, handling of	☐ Yes ☐ No			
	violations, and enforcement of the conservation easements it holds?					
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 vi	olations, and enforcing conservation eas	ements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(l				
	and section 170(h)(4)(B)(ii)?		∐ Yes ∐ No			
9	In Part XIII, describe how the organization reports conservation easer					
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements tha	t describes the			
	organization's accounting for conservation easements					
Pa	art III Organizations Maintaining Collections of Art		er Similar Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.				
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and bala	ince sheet works			
	of art, historical treasures, or other similar assets held for public exhibit	otton, education, or research in furtheran	ce of public			
	service, provide in Part XIII the text of the footnote to its financial state	ements that describes these items				
b	If the organization elected, as permitted under FASB ASC 958, to rep	ort in its revenue statement and balance	sheet works of			
	art, historical treasures, or other similar assets held for public exhibition	on, 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, of	or other similar assets for financial gain,	provide the			
_	following amounts required to be reported under FASB ASC 958 relati	_	•			
а	Revenue included on Form 990, Part VIII, line 1	•	▶ \$			
	Assets included in Form 990. Part X		 ▶ \$			

Schedule D (Form 990) 2019 ITH	ACA AREA	UNITED	JEWISH	16-	-16046	35	Page 2				
Part III Organizations M							ets (continued)				
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply)											
a Public exhibition d Loan or exchange program											
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											
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?											
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, tru		ther intermed	lary for contributions	or other assets no	t						
included on Form 990, Part X?	·		•				Yes No				
b If "Yes," explain the arrangemen	t in Part XIII and co	mplete the fo	ollowing 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	e 21, for escrow or cu	istodial account lia	bility?		Yes No				
b If "Yes," explain the aπangemer	t in Part XIII Check	here if the e	xplanation has been	provided on Part X	JII						
Part V Endowment Fur	ids.										
Complete if the o	rganization answ	rered "Yes	<u>" on Form 990, I</u>	Part IV, line 10							
	(a) Cur	rent year	(b) Pnor year	(c) Two years back	(d) Th	ree years back	(e) Four years back				
1a Beginning of year balance	8	321,860	870,086	903,90	8	924,598	507,899				
b Contributions							500,000				
c Net investment earnings, gains,	and										
losses		66,206	27,816	53,46	50	52,679	-24,963				
d Grants or scholarships		68,285	69,055	79,83	36	64,914	51,270				
e Other expenditures for facilities	and										
programs											
f Administrative expenses		7,970	6,987	7,44	16	8,455	7,068				
g End of year balance	8	811,810	821,860	870,08	36	903,908	924,598				
2 Provide the estimated percentage	e of the current yea	r end balano	e (line 1g, column (a)) held as							
a Board designated or quasi-ende	owment ▶ 2.0	0 %									
b Permanent endowment ▶ 6	5.00%										
c Term endowment ▶ 33.00	%										
The percentages on lines 2a, 2b	o, and 2c should equ	al 100%									
3a Are there endowment funds not	in the possession of	the organiza	ation that are held an	d administered for	the						
organization by							Yes No				
(i) Unrelated organizations							3a(i) X				
(ii) Related organizations							3a(ii) X				
b If "Yes" on line 3a(ii), are the re	ated organizations li	sted as requ	red on Schedule R?				3b				
4 Describe in Part XIII the intende	d uses of the organ	zation's end	owment funds								
Part VI Land, Buildings.	and Equipmer	nt.									
Complete if the o	rganization answ	rered "Yes	<u>" on Form 990, f</u>	Part IV, line 11a	a. See F	<u>orm 990, P</u>	art X, line 10.				
Description of property	(a)	Cost or other ba	asis (b) Cost or o	ther basis	(c) Accumulat	ed	(d) Book value				
		(investment)	(othe	r)	depreciation		·				
1a Land											
b Buildings											
c Leasehold improvements											
d Equipment											
e Other											
Total. Add lines 1a through 1e (Colum	mn (d) must equal F	orm 990, Pai	rt X, column (B), line	10c.)		•					

Schedule D (F	orm 990) 2019 ITHACA AREA UNITED J	EWISH	16-1604635	Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" or	n Form 990 Part IV	line 11h See Form 99	In Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)	15/ 255% 1425	Cost or end-of-year	
(1) Financial	derivatives		<u> </u>	
• •	ld equity interests			
(3) Other	• •			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				·-····
(G)				
(H)				
	n (b) must equal Form 990, Part X, ∞l (B) line 12)	L	<u> </u>	
Part VIII	Investments – Program Related.	- F 000 D-+ 1\	line 44 - Can Farms 00	O Dort V line 12
	Complete if the organization answered "Yes" or		, line 11c. See Form 99	
	(a) Description of investment	(b) Book value	Cost or end-of-yea	
(4)				
(1)			 	
(2)		6		
(3) (4)		-		
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, ∞l (B) line 13)			
Part IX	Other Assets.			0 D 1 V P 45
	Complete if the organization answered "Yes" or	n Form 990, Part IV,	, line 11d. See Form 99	
	(a) Description			(b) Book value
(1)				
(2)				
(3)			-	
(4)		-	-	
(5)				
(6) (7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15)		•	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV,	, line 11e or 11f. See Fe	orm 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

(8) (9)

Total. (Column (b) must equal Form 990, Part X, ∞I (B) line 25)

Sche	dule D (Form 990) 2019 ITHACA AREA UNITED JEWISH	16-1604	1635	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Return.	
1	Complete if the organization answered "Yes" on Form 99	90, 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.			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recovenes of pnor 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:	1 1		
а	investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	•	es per Return.	
	Complete if the organization answered "Yes" on Form 99	90, 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]	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	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	
. P₂	ut 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

Schedule D (Form 990) 2019 ITHACA AREA UNITED JEWISH

16-1604635

Page 5

Part XIII | Supplemental Information (continued)

SCHEDULE I (Form 990)

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

Open to Public 2019

OMB No 1545-0047

▶ Attach to Form 990.

Inspection

% |X

Employer Identification number √es 16-1604635 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? ► Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance ITHACA AREA UNITED JEWISH UNI COMMUNITY, Department of the Treasury Internal Revenue Service Name of the organization

Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 65,410 14,800 7,700 6,000 6,250 7,000 6,100 (d) Amount of cash grant (c) IRC section (if applicable) (p) EIN (1) JEWISH FEDERATION OF NORTH AMERICA (7) B'YACHAD ITHACA JEWISH PRESCHOOL (5) TEMPLE BETH-EL RELIGIOUS SCHOOL (2) AMERICANS FOR ISRAEL AND TORAH NY 10004 NY 10003 NY 14850 NY 14850 NY 14850 NY 14850 NY 14850 (a) Name and address of organization (3) ITHACA COLLEGE HILLEL 584 TIOGA STREET 402 N. TIOGA STREET (6) CHABAD OF ITHACA HOLLISTER HALL, 102 WILLARD WAY (4) CORNELL HILLEL CHAPEL 817 BROADWAY 25 BROADWAY MULLER 402 N. NEW YORK NEW YORK ITHACA ITHACA ITHACA ITHACA ITHACA **®** <u>6</u>

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

Schedule I (Fo	Schedule I (Form 990) (2019) ITHACA AREA UNITED	UNITED JEWISH		16-1604635		Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	to Domestic Individua	als. Complete if the	e organization answ	rered "Yes" on Form 990,	
	Part III can be duplicated if additional space	litional space is needed.				
9)	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
-						
2						
3						
4						
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9						
7						
Part IV	Part IV.) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	rovide the information re	equired in Part I, li	ne 2; Part III, colum	in (b); and any other addit	ional information.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the internal Revenue		▶ Go to		ttach to Form 9 Form990 for ins					nformation.		- 1		pen To spectio		τ
Name of the organ		ITHACA AREA UNITED								oyer ide	ntificat			"'	
		COMMUNITY, INC.							16-	16046	35				
Part I		Benefit Transaction													
	Complete r	f the organization answered						b, or For	m 990-EZ, Parl	V, line	40b		,		
1	(a) Name of d	squalified person	(b) Relation	nship between disq		d per	son and		(c) Description of	transacto	on		(d)	Соггес	teď?
		· · · · · · · · · · · · · · · · · · ·		organization	·								Yes	- '	No
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	e amount of	tax incurred by the organiz	ation manage	ers or disqualifi	ied p	perso	ons dunn	g the ye	ar				•		
	ection 4958									▶ \$	<u> </u>				
3 Enter th	e amount of	tax, if any, on line 2, above	, reimbursed	by the organiz	ato	П				▶ \$	<u> </u>				
Part II		o and/or From Intere													
		f the organization answered					9 38a or	Form 99	O, Part IV, line	26, or	if the				
		n reported an amount on F terested person	(b) Relationship	(c) Purpose of		Loan	(e) O	ngmal	(f) Balance due	(g) In	default?	(h) A	proved	(I) V	Vritten
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Part III	Grants of	or Assistance Benef	iting Inter	rested Pers	on	s.									
	Complete i	f the organization answered	"Yes" on Fo	rm 990, Part I	V, li	ne 2	7								
	(a) Name of t	interested person		ship between intere		(c) A	mount of a	ssistance	(d) Type of assistan	ce	(0)	Purpos	e of as	sstance	,
			person a	and the organization	n 	 									
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(f) MIXPLEX, LLC OWNER - BOARD M 217 WEBSITE SERVICES (g) (g) (g) (g) (g) (g) (g) (g						(4) 0		(e) :	Shanng
(1) MIXPLEX, LLC (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (10) Part V; Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) Schedule L, Part V - Additional Information SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: MIXPLEX, LLC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: OWNER IS A BOARD MEMBER (D) DESCRIPTION OF TRANSACTION: WEBSITE SERVICES FORM 990 PART IV LINE 38C NEIL ZUSMAN, A BOARD MEMBER, IS THE 100% OWNER OF MIPLEX, LLC. MIPLEX, L.C.	(a) Name of Interested person	interested person and t				(a) Descri	puon or transaction	of reve	org nues?
[2] (3) (6) (5) (6) (7) (8) (9) (9) (9) (9) (10) (Part V. Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) Schedule L, Part V - Additional Information SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: MIXPLEX, LLC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: OWNER IS A BOARD MEMBER (D) DESCRIPTION OF TRANSACTION: WEBSITE SERVICES FORM 990 PART IV LINE 38C NEIL ZUSMAN, A BOARD MEMBER, IS THE 100% OWNER OF MIPLEX, LLC. MIPLEX, L.	(1) MIXPLEX, LLC	OWNER - BOA	RD M		217	WEBSITE	SERVICES		x
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PROVIDES WEBSITE SERVICES TO THE ORGANIZATION	NEIL ZUSMAN, A BOARD MEMBE	ER, IS THE 10	<u>0% 0</u>	WNER	OF M	IPLEX,	LLC. MIP	LEX,	LL
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SCHEDULE O (Form 990 or 990-EZ) 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.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

990-EZ or to provide any additional informa

▶ Attach to Form 990 or 990-EZ.

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

16-1604635

Name of the organization ITHACA AREA UNITED JEWISH COMMUNITY, INC.

HOWARD ERLICH

ANN ERLICH

DIRECTOR

DIRECTOR

HUSBAND AND WIFE

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A FINAL COPY OF FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO
FILING

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
THE CONFLICT OF INTEREST POLICY IS REVIEWED BY THE BOARD ANNUALLY AND
CONFLICTS, IF ANY ARE DISCLOSED ANNUALLY

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
ALL TAX FILINGS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND POLICES ARE
AVAILABLE UPON REQUEST