

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2019**

Open to Public Inspection

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

**A** For the **2019** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Jewish Federation of Cincinnati		<b>D</b> Employer identification number 31-0537174
	Doing business as		<b>E</b> Telephone number (513) 985-1500
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	8499 Ridge Road		<b>G</b> Gross receipts \$ 36,466,408.
	City or town, state or province, country, and ZIP or foreign postal code Cincinnati, OH 45236		
<b>F</b> Name and address of principal officer: Shepard H. Englander same as C above		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ [www.jewishcincinnati.org](http://www.jewishcincinnati.org)

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1967 **M** State of legal domicile: OH

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: The Jewish Federation of Cincinnati brings our community together to care for Jews.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	42
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	39
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	69
	<b>6</b> Total number of volunteers (estimate if necessary)	6	450
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	15,542,945.	21,705,985.
	<b>9</b> Program service revenue (Part VIII, line 2g)	924,530.	972,270.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,156,095.	3,872,091.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	23,910.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,623,570.	26,574,256.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,624,911.	14,060,588.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,117,968.	5,462,654.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,697,927.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,138,119.	2,365,689.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,880,998.	21,888,931.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,257,428.	4,685,325.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 102,910,310.	End of Year 123,718,515.
	<b>21</b> Total liabilities (Part X, line 26)	16,307,941.	19,730,556.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	86,602,369.	103,987,959.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	Shepard H. Englander, Chief Executive Officer Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Paula Hume	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00537516
	Firm's name ▶ Barnes, Dennig & Co., LTD	Firm's EIN ▶ 31-1119890	Phone no. (513) 241-8313		
Firm's address ▶ 150 East Fourth Street Cincinnati, OH 45202					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The Jewish Federation of Cincinnati develops and connects leaders, contributors, organizations, and ideas to build an inclusive Jewish community that helps people in need, supports Israel, and assures a vibrant Jewish future.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 7,933,506. including grants of \$ 4,903,087. ) (Revenue \$ 148,587. ) The Federation conducts an annual fundraising campaign in the Greater Cincinnati area. After deducting estimated uncollectible pledges & administrative and fundraising costs, allocations are made to local and national beneficiary agencies. Commitments are made from the current year's campaign to these agencies.

4b (Code: ) (Expenses \$ 1,655,071. including grants of \$ 20,794. ) (Revenue \$ 784,340. ) The Federation has a shared business service program where it provides accounting, human resource, and IT services to various Jewish agencies in the Cincinnati area. They also have a security program providing security initiatives to five other Jewish agencies in the Cincinnati area.

4c (Code: ) (Expenses \$ 1,454,731. including grants of \$ 1,312,695. ) (Revenue \$ 39,343. ) The Federation administers an overnight camping and Israel travel grant program. Cincy Journeys helps every child attend overnight Jewish camp and every young adult travel and learn in Israel, giving them the skills, experience, and desire to become tomorrow's community leaders.

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,824,014. including grants of \$ 7,824,012. ) (Revenue \$ )

4e Total program service expenses 18,867,322.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	X	
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (42); 1b Enter the number of voting members included on line 1a, above, who are independent (39); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH, KY
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.
[X] 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 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
Emily Anslinger - 513-985-1500
8499 Ridge Road, Cincinnati, OH 45236

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Alan Brown Member	0.80	X						0.	0.	0.
(2) Andy Abel Member	0.80	X						0.	0.	0.
(3) Ariella Cohen Vice President	0.80	X		X				0.	0.	0.
(4) Arna Poupko Fisher Vice President	0.80	X		X				0.	0.	0.
(5) Beth Guttman Trustee	0.80	X						0.	0.	0.
(6) Bonnie Ullner Member	0.80	X						0.	0.	0.
(7) Bret Caller Trustee	0.80	X						0.	0.	0.
(8) Brooke Guigui Member	0.80	X						0.	0.	0.
(9) Debbie Brant Vice President	0.80	X		X				0.	0.	0.
(10) Denish Joseph Member - Joined 6/1/2019	0.80	X						0.	0.	0.
(11) Donald Shuller Member	0.80	X						0.	0.	0.
(12) Elida Kamine Yamson Member	0.80	X						0.	0.	0.
(13) Felicia Zakem Member - Joined 6/1/2019	0.80	X						0.	0.	0.
(14) Gail Zakem Member - Joined 6/1/2019	0.80	X						0.	0.	0.
(15) Gary Greenberg President	0.80	X		X				0.	0.	0.
(16) Jeff Zipkin Member - Joined 6/1/2019	0.80	X						0.	0.	0.
(17) Jim Salters Member - Joined 6/1/2019	0.80	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) John Cohen Member	0.80	X					0.	0.	0.	
(19) Josh Blatt Vice President	0.80	X		X			0.	0.	0.	
(20) Liz Vogel Member	0.80	X					0.	0.	0.	
(21) Marc Randolph Member	0.80	X					0.	0.	0.	
(22) Marcie Bachrach Vice President	0.80	X		X			0.	0.	0.	
(23) Matt Rosensweet Member	0.80	X					0.	0.	0.	
(24) Michael Danziger Member - Joined 6/1/2019	0.80	X					0.	0.	0.	
(25) Mike Kadetz Member	0.80	X					0.	0.	0.	
(26) Mike Maltinsky Member	0.80	X					0.	0.	0.	
<b>1b Subtotal</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							1,297,207.	0.	124,283.	
<b>d Total (add lines 1b and 1c)</b>							1,297,207.	0.	124,283.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

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

**Section B. Independent Contractors**

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

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

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

See Part VII, Section A Continuation sheets



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Nancy Warren Member - Joined 6/1/2019	0.80	X						0.	0.	0.
(28) Noah Stern Member	0.80	X						0.	0.	0.
(29) Patti Heldman Member	0.80	X						0.	0.	0.
(30) Randy Slovin Member - Joined 6/1/2019	0.80	X						0.	0.	0.
(31) Rebecca Goldwasser Member	0.80	X						0.	0.	0.
(32) Renee Levy Member	0.80	X						0.	0.	0.
(33) Ronna Schneider Vice President - Joined 6/1/2019	0.80	X		X				0.	0.	0.
(34) Ross Evans Member	0.80	X						0.	0.	0.
(35) Scot Perlman Secretary/Treasurer	0.80	X		X				0.	0.	0.
(36) Shelly Gerson Member	0.80	X						0.	0.	0.
(37) Sherri Symson Vice President	0.80	X		X				0.	0.	0.
(38) Suzette Fisher Vice President	0.80	X		X				0.	0.	0.
(39) Tedd Friedman Member	0.80	X						0.	0.	0.
(40) Yehiel (Mickey) Fishman Member	0.80	X						0.	0.	0.
(41) Zalmy Reisman Member	0.80	X						0.	0.	0.
(42) Janet Cohen Member - Term Ended 5/31/19	0.80	X						0.	0.	0.
(43) Joshua Frankel Member - Term Ended 5/31/19	0.80	X						0.	0.	0.
(44) Lori Frischer Member - Term Ended 5/31/19	0.80	X						0.	0.	0.
(45) Mark Miller Member - Term Ended 5/31/19	0.80	X						0.	0.	0.
(46) Marty Hiudt Member - Term Ended 5/31/19	0.80	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b> 75,000.			
	<b>b</b>	Membership dues .....	<b>1b</b>			
	<b>c</b>	Fundraising events .....	<b>1c</b>			
	<b>d</b>	Related organizations .....	<b>1d</b>			
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 21,630,985.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 5,499,754.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		21,705,985.		
Program Service Revenue	<b>2 a</b>	Shared Business Servic	<b>Business Code</b> 900099	784,340.	784,340.	
	<b>b</b>	Phil Funds Admin Fee	900099	148,587.	148,587.	
	<b>c</b>	Program Event Revenue	900099	39,343.	39,343.	
	<b>d</b>					
	<b>e</b>					
	<b>f</b>	All other program service revenue .....				
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		972,270.		
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		1,741,743.		1,741,743.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....				
	<b>5</b>	Royalties .....				
	<b>6 a</b>	Gross rents .....	(i) Real			
			(ii) Personal			
	<b>6 b</b>	Less: rental expenses ...				
	<b>6 c</b>	Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) .....				
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	9,012,208.	3,010,292.	
			(ii) Other			
	<b>7 b</b>	Less: cost or other basis and sales expenses .....		9,336,152.	556,000.	
	<b>7 c</b>	Gain or (loss) .....		-323,944.	2,454,292.	
<b>d</b>	Net gain or (loss) .....		2,130,348.		2,130,348.	
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>				
<b>8 b</b>	Less: direct expenses .....	<b>8b</b>				
<b>c</b>	Net income or (loss) from fundraising events .....					
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>				
<b>9 b</b>	Less: direct expenses .....	<b>9b</b>				
<b>c</b>	Net income or (loss) from gaming activities .....					
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>				
<b>10 b</b>	Less: cost of goods sold .....	<b>10b</b>				
<b>c</b>	Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue	<b>11 a</b>	Other Income	<b>Business Code</b> 900099	23,910.		23,910.
	<b>b</b>					
	<b>c</b>					
	<b>d</b>	All other revenue .....				
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		23,910.		
<b>12</b>	<b>Total revenue.</b> See instructions .....		26,574,256.	972,270.	0.	3,896,001.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	12,374,100.	12,374,100.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	1,686,488.	1,686,488.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	713,547.	312,569.	124,714.	276,264.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	3,790,306.	2,457,153.	496,028.	837,125.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	123,583.	75,948.	14,841.	32,794.
<b>9</b> Other employee benefits .....	521,790.	308,297.	66,620.	146,873.
<b>10</b> Payroll taxes .....	313,428.	182,992.	40,689.	89,747.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	18,152.	14,613.	3,429.	110.
<b>c</b> Accounting .....	32,000.	25,761.	6,045.	194.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	509,829.	410,420.	96,315.	3,094.
<b>12</b> Advertising and promotion .....	310,627.	121,068.	124,504.	65,055.
<b>13</b> Office expenses .....	87,314.	51,470.	32,614.	3,230.
<b>14</b> Information technology .....	250,918.	119,078.	65,920.	65,920.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	236,865.	117,240.	78,081.	41,544.
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	477,251.	351,673.	32,687.	92,891.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....				
<b>24</b> 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.)				
<b>a</b> Other expense	306,421.	180,628.	114,456.	11,337.
<b>b</b> Employee Training and r	103,063.	58,224.	14,320.	30,519.
<b>c</b> Subscription & Dues	33,249.	19,600.	12,419.	1,230.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	21,888,931.	18,867,322.	1,323,682.	1,697,927.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	8,544,111.	<b>2</b>	11,126,942.
	<b>3</b> Pledges and grants receivable, net .....	10,081,373.	<b>3</b>	8,619,670.
	<b>4</b> Accounts receivable, net .....	2,884,791.	<b>4</b>	1,179,745.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	727,500.	<b>7</b>	665,000.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	439,034.	<b>9</b>	508,898.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,288,145.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,827,451.	1,097,776.	<b>10c</b> 460,694.
	<b>11</b> Investments - publicly traded securities .....	50,341,739.	<b>11</b>	70,931,215.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	24,888,555.	<b>12</b>	25,665,249.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,905,431.	<b>15</b>	4,561,102.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	102,910,310.	<b>16</b>	123,718,515.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,830,460.	<b>17</b>	3,332,071.
	<b>18</b> Grants payable .....	4,692,241.	<b>18</b>	4,512,611.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	9,057,740.	<b>21</b>	11,220,874.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	727,500.	<b>23</b>	665,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	16,307,941.	<b>26</b>	19,730,556.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	45,990,332.	<b>27</b>	56,268,823.
	<b>28</b> Net assets with donor restrictions .....	40,612,037.	<b>28</b>	47,719,136.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	86,602,369.	<b>32</b>	103,987,959.
<b>33</b> Total liabilities and net assets/fund balances .....	102,910,310.	<b>33</b>	123,718,515.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	26,574,256.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	21,888,931.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,685,325.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	86,602,369.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	12,044,594.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	655,671.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	103,987,959.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	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? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2019)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	21,237,167.	20,413,814.	18,704,385.	15,542,945.	21,705,985.	97,604,296.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	21,237,167.	20,413,814.	18,704,385.	15,542,945.	21,705,985.	97,604,296.
<b>5</b> 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) .....						25,606,325.
<b>6 Public support.</b> Subtract line 5 from line 4.						71,997,971.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	21,237,167.	20,413,814.	18,704,385.	15,542,945.	21,705,985.	97,604,296.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	725,638.	1,095,624.	1,992,935.	2,718,463.	1,741,743.	8,274,403.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					23,910.	23,910.
<b>11 Total support.</b> Add lines 7 through 10						105,902,609.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,236,586.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	67.99 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	69.11 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) 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 <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j 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			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Name of the organization

Jewish Federation of Cincinnati

Employer identification number

31-0537174

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  Jewish Federation of Cincinnati	Employer identification number  31-0537174
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 870,238.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 3,514,936.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 5,208,304.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 1,543,557.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  Jewish Federation of Cincinnati	Employer identification number  31-0537174
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Stock/Cash _____ _____ _____	\$ 870,238.	01/01/19
2	Stock/Cash _____ _____ _____	\$ 3,514,936.	01/01/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  Jewish Federation of Cincinnati	Employer identification number  31-0537174
---	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">Jewish Federation of Cincinnati</p>	Employer identification number <p style="text-align: center;">31-0537174</p>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2019**

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		
<b>e</b> Publications, or published or broadcast statements? .....	X		
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		47,374.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			47,374.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

Collected signatures, canvassed and held voter education forum in

support of Ohio Issue 1.

Advocated in support of various immigration policy.

Advocated in support of various policy to protect the State of Israel

and ensure a strong US- Israel relationship.

**Part IV** Supplemental Information (continued)

Advocated in support of state and federal legislation to enhance programming and security funding for nonprofits and houses of worship.

Advocated in support of state and federal legislation to enhance gun safety.

Advocated in support of federal legislation to protect the social service safety net.

Advocated in support of federal legislation to condemn antisemitism.

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** Jewish Federation of Cincinnati **Employer identification number** 31-0537174

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	143	
2 Aggregate value of contributions to (during year)	7,790,945.	
3 Aggregate value of grants from (during year)	7,348,192.	
4 Aggregate value at end of year	26,352,017.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount      |
|---------------------------------|-------------|
| c Beginning balance             | 9,057,740.  |
| d Additions during the year     | 5,849,522.  |
| e Distributions during the year | 3,686,388.  |
| f Ending balance                | 11,220,874. |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	50,558,814.	53,618,756.	47,360,685.	43,852,149.	45,227,770.
b Contributions	6,647,277.	2,135,500.	1,760,557.	3,672,601.	2,689,998.
c Net investment earnings, gains, and losses	8,813,683.	-3,286,295.	6,718,655.	1,930,543.	-1,843,495.
d Grants or scholarships	2,304,422.	1,909,147.	2,221,141.		
e Other expenditures for facilities and programs				2,094,608.	2,222,124.
f Administrative expenses					
g End of year balance	63,715,352.	50,558,814.	53,618,756.	47,360,685.	43,852,149.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  44.00 %
  - b Permanent endowment  28.00 %
  - c Term endowment  28.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		114,587.		114,587.
b Buildings		1,132,244.	1,106,675.	25,569.
c Leasehold improvements		322,957.	212,302.	110,655.
d Equipment		1,706,492.	1,502,871.	203,621.
e Other		11,865.	5,603.	6,262.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				460,694.



**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) Other investments	25,665,249.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	25,665,249.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	39,274,521.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	12,044,594.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	655,671.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	12,700,265.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	26,574,256.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	26,574,256.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	21,888,931.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	21,888,931.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	21,888,931.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part IV, line 1b:

The Federation regularly collaborates with other local Jewish agencies to facilitate their fundraising campaigns, as well as serving as the custodian and managers of a pooled investment account.

Part V, line 4:

Designated funds are for capital repairs and replacement for Jewish agencies. Term endowments are for education, awards and general support. Permanent endowment funds are used for education and general support.

Part X, Line 2:

The Federation is exempt from income taxes under Section 501 of the

**Part XIII** Supplemental Information (continued)

Internal Revenue Code and a similar provision of Ohio law. However, the Federation is subject to federal income tax on any unrelated business taxable income.

The Federation's IRS Form 990 is subject to review and examination by federal and state authorities. The Federation believes it has appropriate support for any tax positions taken, and therefore, does not have any uncertain income tax positions that are material to the financial statement.

Part XI, Line 2d - Other Adjustments:

Gain in beneficial int in trust	523,158.
Gain on charitable gift annuities	97,110.
Change in CSV of life insurance	35,403.
Total to Schedule D, Part XI, Line 2d	655,671.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization Jewish Federation of Cincinnati Employer identification number 31-0537174

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
The Nancy and David Wolf Holocaust & Humanity Center - 1301 Western Ave - Cincinnati, OH 45203	20-5090993	501 c 3	3,235,705.	0.			General Support
Jewish Federations of Noth America 25 Broadway STE1700 New York, NY 10004	13-1624240	501 c 3	1,830,952.	0.			General Support
Jewish Community Center of Cin 8485 Ridge Road Cincinnati, OH 45236	31-0536986	501 c 3	1,147,217.	0.			General Support
Jewish Family Service 8487 Ridge Road Cincinnati, OH 45236	31-0744786	501 c 3	1,126,611.	0.			General Support
Rockwern Academy 8401 Montgomery Road Cincinnati, OH 45236	31-0603959	501 c 3	658,439.	0.			General Support
JVS Career Services 4540 Cooper Rd, Suite 300 Cincinnati, OH 45242	26-2091358	501 c 3	453,831.	0.			General Support

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 127.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cincinnati Hillel 2615 Clifton Avenue Cincinnati, OH 45220	31-6068733	501 c 3	263,922.	0.			General Support
Camp Livingston 8485 Ridge Road Cincinnati, OH 45236	31-6050765	501 c 3	260,937.	0.			General Support
Adath Israel Congregation 3201 East Galbraith Road Cincinnati, OH 45236	31-0537489	501 c 3	224,172.	0.			General Support
United Way of Greater Cincinnati PO Box 632711 Cincinnati, OH 45263	31-0537502	501 c 3	162,850.	0.			General Support
Cincinnati Hebrew Day School 2222 Losantiville Road Cincinnati, OH 45237	31-0544741	501 c 3	117,993.	0.			General Support
University of Cincinnati Foundation - PO Box 210172 - Cincinnati, OH 45221	31-6000989	501 c 3	112,300.	0.			General Support
Congregation Sha'arei Torah 2400 Section Road Cincinnati, OH 45237	45-1263585	501 c 3	96,525.	0.			General Support
Isaac M. Wise Temple 8329 Ridge Road Cincinnati, OH 45236	31-0536987	501 c 3	91,266.	0.			General Support
INNER FIRE 26 Parker Rd. Brookline, VT 05345	46-1542395	501 c 3	90,000.	0.			General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish National Fund 42 East 69th Street New York , NY 10021	13-1659627	501 c 3	86,900.	0.			General Support
Childrens Hospital Foundation 3333 Burnet Ave Cincinnati, OH 45229	31-1327089	501 c 3	77,000.	0.			General Support
Honeymoon Israel Foundation 1417 Mayson Street NE Atlanta, GA 30324	47-1291052	501 c 3	70,000.	0.			General Support
American Jewish Committee 165 E 56th St. New York , NY 10022	13-5563393	501 c 3	61,150.	0.			General Support
Hebrew Union College 3101 Clifton Avenue Cincinnati, OH 45220	31-0537067	501 c 3	55,800.	0.			General Support
Rockdale Temple 8501 Ridge Road Cincinnati, OH 45236	31-0543299	501 c 3	53,398.	0.			General Support
Greater Cincinnati Foundation 720 E Pete Rose Way #120 Cincinnati, OH 45202	31-0669700	501 c 3	50,100.	0.			General Support
MICHIGAN STATE UNIVERSITY 220 Throwbridge Rd East Lansing, MI 48824	38-6005984	501 c 3	50,000.	0.			General Support
Chabad of South Tampa 2511 West Swann Ave #201 Tampa, FL 33609	26-1576111	501 c 3	50,000.	0.			General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ohio Jewish Communities 50 W Broad Street #1815 Columbus, OH 43215	31-1042915	501 c 4	44,493.	0.			General Support
Talbert House 2600 Victory Parkway Cincinnati, OH 45206	31-0713350	501 c 3	44,450.	0.			General Support
Chabad Jewish Center 3977 Hunt Road Cincinnati, OH 45236	22-3796223	501 c 3	43,210.	0.			General Support
Planned Parenthood Southwest Ohio 2314 Auburn Avenue Cincinnati, OH 45219	31-0536688	501 c 3	42,285.	0.			General Support
Alzheimer's Disease and Related 225 N. Michigan Avenue, Floor 17 Chicago, IL 60601	13-3039601	501 c 3	40,680.	0.			General Support
Cancer Support Community (Cincinnati) - 4918 Cooper Road - Cincinnati, OH 45242	31-1287785	501 c 3	39,350.	0.			General Support
Cincinnati Children's Hospital Medical Center - 3333 Burnet Ave - Cincinnati, OH 45229	31-0833936	501 c 3	34,100.	0.			General Support
Cincinnati Community Kollel PO Box 37145 Cincinnati, OH 45222	31-1426973	501 c 3	32,388.	0.			General Support
Jewish Discovery Center 7587 Central Park Blvd. Mason, OH 45040	31-1566575	501 c 3	31,400.	0.			General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Congregation Etz Chaim 1190 Indian Hills Pkwy Marietta, GA 30068	58-1245765	501 c 3	31,386.	0.			General Support
Temple Sholom 10828 Kenwood Road Cincinnati, OH 45242	31-0584318	501 c 3	30,065.	0.			General Support
Northern Hills Synagogue 5714 Fields Ertel Road Cincinnati, OH 45249	31-0673600	501 c 3	28,375.	0.			General Support
Isaac M Wise Temple 8329 Ridge Road Cincinnati, OH 45236	31-0536987	501 c 3	27,085.	0.			General Support
BUDDY UP TENNIS INC 8000 Walton Pkwy #218 New Albany, OH 43054	27-0789426	501 c 3	27,000.	0.			General Support
Cincinnati Playhouse in the Pa 962 Mt Adams Cir Cincinnati, OH 45202	31-0624790	501 c 3	25,750.	0.			General Support
Valley Temple 145 Springfield Pike Cincinnati, OH 45215	31-0744533	501 c 3	25,500.	0.			General Support
Boca Raton Regional Hospital F 800 Meadons Rd Boca Raton, FL 33486	59-1006663	501 c 3	25,000.	0.			General Support
Beth Adam Inc. 10001 Loveland-Madeira Road Loveland, OH 45140	31-0993285	501 c 3	25,000.	0.			General Support

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ish 427 Tusculum Avenue Cincinnati, OH 45226	83-2433747	501 c 3	24,250.	0.			General Support
JEWISH UNITED FUND OF METROPOL 30 S Wells St Chicago, IL 60606	36-2167034	501 c 3	22,500.	0.			General Support
Congregation Zichron Eliezer 2455A Section Road Cincinnati, OH 45237	20-5581301	501 c 3	21,175.	0.			General Support
TIDES FOUNDATION 1012 Torney Avenue San Francisco, CA 94129	51-0198509	501 c 3	20,000.	0.			General Support
GREENLIGHT FUND INC 120 St James Ave 6th Floor Boston, MA 02116	20-0407083	501 c 3	20,000.	0.			General Support
Seven Hills School 5400 Red Bank Road Cincinnati, OH 45227	31-0536666	501 c 3	19,200.	0.			General Support
FreeStore/FoodBank 1141 Central Parkway Cincinnati, OH 45202	23-7122205	501 c 3	18,350.	0.			General Support
Cincinnati Opera 1243 Elm St. Cincinnati, OH 45202	31-0549044	501 c 3	18,100.	0.			General Support
BARSHOP JEWISH COMMUNITY CENTE 12500 NW MILITARY HWY STE 275 SAN ANTONIO, TX 78231	74-1152783	501 c 3	18,000.	0.			General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ronald McDonald House Charities 350 Erkenbrecher Ave Cincinnati, OH 45229	31-0965333	501 c 3	17,800.	0.			General Support
INDIAN HILL FOUNDATION 6855 Drake Rd. Cincinnati, OH 45243	31-1813923	501 c 3	17,000.	0.			General Support
Cincinnati Television Education 1223 Central Parkway Cincinnati, OH 45214	31-0560051	501 c 3	16,505.	0.			General Support
Ohio Innocence Project UC College of Law, PO Box 210040 Cincinnati, OH 45221	31-0896555	501 c 3	16,500.	0.			General Support
Planned Parenthood Federation 434 West 33rd St New York, NY 10001	13-1644147	501 c 3	16,300.	0.			General Support
Halom House 4680 Hunt Road Cincinnati, OH 45242	31-1073702	501 c 3	16,300.	0.			General Support
Cincinnati Art Museum 953 Eden Park Drive Cincinnati, OH 45202	31-0536653	501 c 3	16,240.	0.			General Support
J.E.E.P. - Jewish Education fo 1995 Section Road Cincinnati, OH 45237	20-4016862	501 c 3	15,900.	0.			General Support
CHICAGO JEWISH DAY SCHOOL 3730 N California Ave Chicago, IL 60618	36-4437180	501 c 3	15,000.	0.			General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHABAD HOSPITALITY AND EDUCATI 2718 Digby Ave Cincinnati, OH 45220	45-5111899	501 c 3	15,000.	0.			General Support
Cedar Village Foundation 5467 Cedar Village Dr Mason, OH 45040	27-2598846	501 c 3	14,783.	0.			General Support
Jewish Cemeteries of Greater C 3400 Montgomery Road Cincinnati, OH 45207	38-3711514	501 c 3	14,000.	0.			General Support
ArtsWave 20 E Central Parkway, Suite 200 Cincinnati, OH 45202	31-0537138	501 c 3	13,770.	0.			General Support
American Heart Association 7272 Greenville Avenue Dallas, TX 75231	13-5613797	501 c 3	13,480.	0.			General Support
Atara High School 6701 Elbrook Ave Cincinnati, OH 45237	31-0544741	501 c 3	13,392.	0.			General Support
Admiral's Cove Foundation 200 Admirals Cove Boulevard Jupiter, FL 33477	59-3786373	501 c 3	13,000.	0.			General Support
Chabad House of Cincinnati 3977 Hunt Road Cincinnati, OH 45236	51-0163231	501 c 3	12,600.	0.			General Support
Boys and Girls Club of Cincinnati 600 Dalton Ave Cincinnati, OH 45203	81-1620541	501 c 3	12,600.	0.			General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cincinnati Ballet Co. Inc. 1555 Central Pkwy Cincinnati, OH 45214	31-6050354	501 c 3	12,400.	0.			General Support
YWCA of Cincinnati 1105 Elm Street Cincinnati, OH 45210	31-0537178	501 c 3	12,300.	0.			General Support
Lighthouse Youth Services Inc 401 E McMillan St Cincinnati, OH 45206	23-7046229	501 c 3	12,175.	0.			General Support
Jewish Community Center 8485 Ridge Road Cincinnati, OH 45236	31-0536986	501 c 3	12,163.	0.			General Support
Sha'arei Torah 2400 Section Rd Cincinnati, OH 45237	45-1263583	501 c 3	12,000.	0.			General Support
Beth Israel Synagogue 50 North Sixth Hamilton, OH 45011	31-0708269	501 c 3	12,000.	0.			General Support
MIDWEST CAMPERS INC 3612 Galt Ct Rapid City, SD 57701	34-0897622	501 c 3	11,500.	0.			General Support
Chabad of Southern Ohio 7560 Reinhold Drive Cincinnati, OH 45237	31-0163231	501 c 3	11,500.	0.			General Support
American Jewish Joint Distribution 220 E. 42nd St, Ste 400 New York, NY 10017	13-1656634	501 c 3	10,950.	0.			General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cincinnati Union Bethel 2401 Reading Road Cincinnati, OH 45202	31-0536655	501 c 3	10,500.	0.			General Support
LA SOUPE INC 4150 Round Bottom Road Cincinnati, OH 45244	47-4452384	501 c 3	10,500.	0.			General Support
Jupiter Hospital Medical Cente 1210 S Old Dixie Hwy Jupiter, FL 33458	59-1460239	501 c 3	10,100.	0.			General Support
Ohio Sled Hockey Inc 4464 Wrens Nest Dr New Albany, OH 43054	20-1491128	501 c 3	10,000.	0.			General Support
Maltz Jupiter Theatre inc. 1001 E Indiantown Rd Jupiter, FL 33477	65-0985652	501 c 3	10,000.	0.			General Support
CINCINNATI CENTER CITY DEVELOPMENT 1203 Walnut St 4th floor Cincinnati, OH 45202	20-0446324	501 c 3	10,000.	0.			General Support
Tulane University 6823 St Charles Ave New Orleans, LA 70118	72-6034234	501 c 3	10,000.	0.			General Support
Dana-Farber Cancer Institute, 1141 Central Parkway Cincinnati, OH 45202	23-7122205	501 c 3	10,000.	0.			General Support
Cancer Support Community 1050 17th St NW, Suite 500 Washington, DC 20036	31-1287785	501 c 3	10,000.	0.			General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cincinnati USA Regional Chamber 3 E 4th St Cincinnati, OH 45202	23-7089617	501 c 3	10,000.	0.			General Support
Connecticut College Fund 270 Mohegan Ave Pkwy New London, CT 06320	06-0646587	501 c 3	10,000.	0.			General Support
Workum 11959 Timberlake Drive Cincinnati, OH 45249	20-0071689	501 c 3	10,000.	0.			General Support
COALITION OF CARE GREATER CINC PO BOX 42693 Cincinnati, OH 45242	45-5248032	501 c 3	10,000.	0.			General Support
WILLIAMS COLLEGE 880 Main St Williamstown, MA 01267	04-2104847	501 c 3	10,000.	0.			General Support
WASHINGTON INSTITUTE FOR NEAR 1828 L Street NW #1050 Washington, DC 20036	52-1376034	501 c 3	10,000.	0.			General Support
Cincinnati Reds Community Fund 100 Joe Nuxhall Way Cincinnati, OH 45202	31-1790195	501 c 3	10,000.	0.			General Support
Jewish Federation of Collier County - 2500 Vanderbilt Beach Road - Naples , FL 34109	59-2151725	501 c 3	10,000.	0.			General Support
Prostate Cancer Foundation 1250 Fourth Street Santa Monica, CA 90401	95-4418411	501 c 3	9,600.	0.			General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Most Valuable Kids of Greater Cincinnati - 4623 Wesley Ave. Suite F - Cincinnati, OH 45212	20-2984595	501 c 3	9,000.	0.			General Support
Solomon Schechter Day School 3210 Dundee Rd Northbrook, IL 60062	36-4421045	501 c 3	8,800.	0.			General Support
CHABAD SERVING ELON AND SURROU 107 Truitt Dr. Elon, NC 27244	81-1070418	501 c 3	8,600.	0.			General Support
Council of Jewish Elderly 3003 W Touchy Ave Chicago, OH 60645	36-2727597	501 c 3	8,600.	0.			General Support
LINDNER CENTER OF HOPE 4075 Old Western Row Rd Mason, OH 45040	47-2338641	501 c 3	8,000.	0.			General Support
HADASSAH THE WOMENS ZIONIST OR PO Box 42396 Cincinnati, OH 45242	13-1656651	501 c 3	7,300.	0.			General Support
Jewish Federation of Palm Beach 4601 Community Drive West Palm Beach, FL 33417	59-0948696	501 c 3	7,250.	0.			General Support
Miami Hillel 11 E. Walnut Street Oxford, OH 45056	31-6068732	501 c 3	7,042.	0.			General Support
School for Creative & Performi 108 W Central Pkwy Cincinnati, OH 45202	31-1486484	501 c 3	7,000.	0.			General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Interact for Health 3805 Edwards Rd #500 Cincinnati, OH 45209	31-0932681	501 c 3	7,000.	0.			General Support
Combined Jewish Philanthropies 126 High St Boston, MA 02110	04-2103559	501 c 3	6,720.	0.			General Support
American Cancer Society 2808 Reading Rd Cincinnati, OH 45206	13-1788491	501 c 3	6,600.	0.			General Support
OHIOANS TO STOP EXECUTIONS 9 E Long St #202 Columbus, OH 43215	31-1269170	501 c 3	6,250.	0.			General Support
Crohn's & Colitis Foundation o 4015 Executive Park Dr Cincinnati, OH 45241	13-6193105	501 c 3	6,200.	0.			General Support
CHRIST HOSPITAL FOUNDATION 2139 Auburn Ave Cincinnati, OH 45219	26-4165492	501 c 3	6,000.	0.			General Support
Camp Chabad 1863 Section Road Cincinnati, OH 45237	31-0163231	501 c 3	6,000.	0.			General Support
Hadassah PO Box 42396 Cincinnati, OH 45242	13-1656651	501 c 3	5,950.	0.			General Support
Stanford University PO Box 20466 Stanford, CA 94309	94-1156365	501 c 3	5,500.	0.			General Support

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHABAD OF PALM BEACH GARDENS 6100 PGA Blvd Palm Beach Gardens, FL 33418	20-5197484	501 c 3	5,400.	0.			General Support
Temple Beth El of Boca Raton 333 SW 4th Ave Boca Raton, FL 33422	59-1412924	501 c 3	5,276.	0.			General Support
Teach For America, Inc. 1100 Main Street, Suite 100 Cincinnati, OH 45202	13-3541913	501 c 3	5,100.	0.			General Support
AMERICAN FRIENDS OF YESHIVAS G 2833 Smith Avenue #403 Baltimore, MD 21209	26-1483669	501 c 3	5,000.	0.			General Support
AMERICAN FRIENDS OF YAHAD IN U 25 West 45th Street New York, NY 10036	26-3468570	501 c 3	5,000.	0.			General Support
Hillel Foundation at Indiana University - 730 E. Third Street - Bloomington, IN 47401	20-2804389	501 c 3	5,000.	0.			General Support
Center for INtegrity in Forens 33 E. Main Street Suite 460 Madison, WI 53703	82-2625579	501 c 3	5,000.	0.			General Support
JAFCO 4200 N University Drive Sunrise, FL 33351	65-0334267	501 c 3	5,000.	0.			General Support
LIFE ENRICHING COMMUNITIES FOUNDATION - 9840 Montgomery Road - Cincinnati, OH 45242	06-1708088	501 c 3	5,000.	0.			General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORIAH CONGREGATION 200 Taub Dr Deerfield, IL 60015	36-2935511	501 c 3	5,000.	0.			General Support
Tampa Jewish Community Center 522 N Howard Ave Tampa, FL 33606	23-7182057	501 c 3	5,000.	0.			General Support
Temple Beth Sholom 3100 Longmeadow Lane Cincinnati, OH 45236	31-0584318	501 c 3	5,000.	0.			General Support
ABILITIES FIRST FOUNDATION INC 4710 Timber Trail Dr. Middletown, OH 45044	31-0620685	501 c 3	5,000.	0.			General Support

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Bar/Bat Mitzvah Grants	0	6,500.	0.		
Camping Grants	0	220,145.	0.		
Israel Trip Grants	0	1,092,550.	0.		
Professional Development Grants	0	5,190.	0.		
Scholarships	0	249,463.	0.		

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

Part I, Line 2:

Every agency/organization that requests funding from the Jewish Federation

of Cincinnati completes a 25-question form about the outcomes of their

program and the population served. They are also required to attach the

following information:

A) Agency Mission Statement

B) Current listing of Agency's Board of Directors

C) IRS Letter indicating tax-exempt status

D) Projected program budget for 2019 or 2020 fiscal year (including



**Part IV Supplemental Information**

overhead) detailed by major line item. (if you are a United Way agency, you may submit their budget form)

E) Actual program budget for 2019 or last completed fiscal year

F) Estimated program budget for the rest of 2019 of current fiscal year.

G) Explanation of what is included in overhead and how overhead is distributed to individual programs. (e.g. equal to \$'s to each program; same % of revenue to each program; same % of direct program expenses to each program; other)

H) Overall organization's corresponding fiscal year budget (attached to each program application).

I) A copy of their audited financial statements from their most recently completed and immediately prior fiscal years (only submit one copy).

II. Councils made up of community volunteers make site visits to all of the local agencies/organizations that have applied for funding.

III. On the basis of the applications and site visits, every program is evaluated on a weighted point system that reflects the community priorities and the service expectations.

IV. Based on the point system scores and on the community priorities, funding recommendations are made by the Planning and Allocation Committee to the Board of Trustees.

V. The Board of Trustees of the Jewish Federation of Cincinnati approves all funding allocations.

Jewish Federation of Cincinnati reports grants on Schedule I to the Jewish Federations of North America (JFNA), which is a 501(c)(3) domestic U.S. charity. In addition, JFNA, and its beneficiary agencies, United Israel Appeal (UIA), a subsidiary of JFNA, and the American Jewish Joint Distribution Committee (JDC) - both 501(c)(3) organizations - each file a

**Part IV Supplemental Information**

separate Form 990 and detailed Schedules F.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **Jewish Federation of Cincinnati**  
 Employer identification number: **31-0537174**

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ..... **1b** X

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>		X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>		X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>		X

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

<b>a</b> The organization? .....	<b>5a</b>		X
<b>b</b> Any related organization? .....	<b>5b</b>		X

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

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

<b>a</b> The organization? .....	<b>6a</b>		X
<b>b</b> Any related organization? .....	<b>6b</b>		X

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

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

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Danielle Minson Chief Development Officer	(i)	186,869.	26,645.	0.	9,731.	11,436.	234,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Shepard Englander Chief Executive Officer	(i)	373,000.	34,425.	35,226.	16,416.	19,800.	478,867.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Barb Miller Director of Community Buil	(i)	144,533.	0.	0.	7,247.	5,976.	157,756.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							







**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Ariel Weiss	Daughter of Board M	107,697.	Compensatio		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part III, Grants or Assistance Benefitting Interested Persons:

(a) Name of Person: Son of Renee Levy

(b) Relationship Between Interested Person and Organization:

Son of board member

(c) Amount of Grant \$ 6,500.

(d) Type of Assistance: Cincinnati Journeys

(a) Name of Person: Son of Renee Levy

(b) Relationship Between Interested Person and Organization:

Son of board member

(c) Amount of Grant \$ 6,500.

(d) Type of Assistance: Cincinnati Journeys

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Ariel Weiss

(b) Relationship Between Interested Person and Organization:

Daughter of Board Member

(d) Description of Transaction: Compensation

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: **Jewish Federation of Cincinnati**      Employer identification number: **31-0537174**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	170	5,499,754. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M, Line 32b:

We use various brokers to sell donated stock.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization Jewish Federation of Cincinnati	Employer identification number 31-0537174
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Form 990, Part III, Line 4d, Other Program Services:

Donor Advised Fund Management

Expenses \$ 7,824,014. including grants of \$ 7,824,012. Revenue \$ 0.

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

Marc Fisher has a family relationship with Suzette, Arna & Bobby Fisher;

Jeff Zipkin has a daughter who is an employee for the Federation. Tedd

Friedman stated that a number of employees, officers and board members are

clients of his law firm.

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

The 990 is reviewed by management and the Finance and Administration

Committee. A public disclosure copy was subsequently provided to the Board

of Directors before filing.

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

Conflict of interest forms are sent out annually; results are compiled and

reviewed for any possible disclosures.

Form 990, Part VI, Section B, Line 15:

Every three years, the Executive Committee, which is a board designated

committee, reviews and sets the CEO's salary and benefit package. The

Executive Committee reviews the Jewish Federation of North America's annual

salary survey as well as holds conversations with several other

Federations. Annually, the CEO is responsible for reviewing and setting all

other top management salary and benefits. The CEO reviews the Jewish

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization Jewish Federation of Cincinnati	Employer identification number 31-0537174
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Federation of North America's annual salary survey. All items used in determining salary and benefits are documented and retained.

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

The organization's governing documents are available on the Ohio Secretary of State's website. The Code of Regulations is our governing document. The financial statements are available on the organization's website. The conflict of interest policy is available upon request.

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

Change in CSV of life insurance	35,403.
Gain (loss) on charitable gift annuities	97,110.
Loss on beneficial int in trust	523,158.
Rounding	
Total to Form 990, Part XI, Line 9	655,671.

Form 990, Part XII, Line 2c

The Finance and Administration Committee oversees the audit and the process has not changed in the current year.