e .ee No			AMENDED						
Form 990-T	E	xempt Orgai					ax Retu	rn ļ	OMB No 1545-0687
ا المسا		•	nd proxy tax und	er se	ction	6033(e))	(11)	, l	2018
	For cal	endar year 2018 or other tax yea	· · · · · · · · · · · · · · · · · · ·			and ending	181	<u> </u>	ZU 10
Department of the Treasury Internal Revenue Service	•	Do not enter SSN number	irs.gov/Form990T for in rs on this form as it may)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name c	hanged	and see	instructions.)		(Emp	loyer identification number bloyees' trust, see uctions)
B Exempt under section	Print	JEWISH HERI	TAGE FUND F	OR :	EXCE	LLENCE,	INC	2	20-3805455
X 501(c)(3)	or	Number, street, and room							lated business activity code instructions)
408(e)220(e)	Туре	101 S 5TH S	T, SUITE 16	00					, indudutions y
408A 530(a) 529(a)		City or town, state or prov		r foreig	n postal	code		900	099
C Book value of all assets	•	F Group exemption numb	er (See instructions.)						
248,794,1	52.	G Check organization type	e ► X 501(c) corp	oration		501(c) trust	40	1(a) trust	Other trust
H Enter the number of the				1			the only (or first		
		EE STATEMENT				_	complete Parts		
		ce at the end of the previou	is sentence, complete Pa	irts I an	d II, com	iplete a Schedule	e M for each add	itional trad	le or
business, then complete			W1 1 1					 	
I During the tax year, was		-		nt-subs	lolary co	ntrolled group?	•	• L Y	es L No
J The books are in care of		tifying number of the paren				Telenh	one number	502-	-365-3209
Part Unrelate					- U	\) Income	(B) Expe		(C) Net
1a Gross receipts or sale				П		,	A Company of the Company	dicion.	1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C
b Less returns and allo			c Balance	1c					
2 Cost of goods sold (S		A, line 7)	Ω	2		· · · · · · · · · · · · · · · · · · ·	THE SECOND		
3 Gross profit. Subtract	Gross profit. Subtract line 2 from line 1c						HELY CASES	SAM	4
4a Capital gain net incon							经的证明		è
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b_			造行的心理系		n
c Capital loss deduction	n for trus	sts		4c			海南北京	NO LO	/
	Income (loss) from a partnership or an S corporation (attach statement)						《名》	活得到	<u> </u>
6 Rent income (Schedu		(0.1.1.5)		6					
									
8 Interest, annuties, royalties, and rents from a controlled organization (Schedule F)							 		
							-		
. ,	-			10			 		
• ,	Advertising income (Schedule J) Other income (See instructions; attach schedule)						系统出海底	*******	
13 Total. Combine lines		•		12		0.	1913111111		
		ot Taken Elsewher	re (See instructions for		ations o		<u>. </u>		
	contrib	utions, deductions mus	t be directly connecte	d with	the unr	elated busines	s income.)		_
•	ficers, di	rectors, and trustees (Sche	edule K)			RECEI	/FD	14	ļ
15 Salaries and wages					_ ا	NLOLI		15	
Repairs and mainter	nance				ω		2020 82	16	
17 Bad debts 18 Interest (attach scho	odulo) (c	no instructions)			348	JUL 06	Such 19	17	
Taxes and licenses	euule) (S	ee manuchons)			17L			19	
20 Charitable contribut	ions (Se	e instructions for limitation	rules)			OGDEN	1, UT	20	
Depreciation (attach	•		1000)			21			*
22 Less depreciation c		n Schedule A and elsewher	e on return			22a		22b	
23 Depletion						[===,1		23	
24 Contributions to def	ferred co	mpensation plans						24	†
Repairs and mainter Bad debts Interest (attach scholars) Taxes and licenses Charitable contribut Depreciation (attach Less depreciation of Depletion Contributions to del Employee benefit pr Excess exempt experiments Excess readership of Other deductions (attach Contributions to del		•						25	
26 Excess exempt expe	enses (S	chedule I)						26	
Excess readership of	costs (So	chedule J)						27	
C28 Other deductions (a	ittach sc	hedule)						28	
29 Total deductions. A								29	0.
		income before net operatin	-					30	0.
		loss arising in tax years be		ary 1, 2	018 (see	instructions)		31	1730多月前是1950
32 Unrelated business	taxable	ncome. Subtract line 31 fro	om line 30					32	0.

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

Form 990-1	(2018) JEWISH HERITAGE FUND FOR EXCELLENCE, INC 20-380	15455	Page 2
Part I	II Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		_
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	3/8	0.
Part I	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \	/ Tax and Payments		
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b	Other credits (see instructions) 45b	1 !	
C	General business credit. Attach Form 3800	1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments Sb 50b 750.	1	
c	Tax deposited with Form 8868 50c	1	
d	Foreign organizations. Tax paid or withheld at source (see instructions) 50d	1 }	
	Backup withholding (see instructions) 50e	1 1	
	Credit for small employer health insurance premiums (attach Form 8941) 50f	1	
	Other credits, adjustments, and payments; Form 2439	1	
	Form 4136 ☐ Other Total ► 50g	1	
51	Total payments. Add lines 50a through 50g	3 1	750.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
. 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	750.
10,55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	713.
Part \			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		1 1
	here >		l x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		- X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		1 1
	Under penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kno correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	wledge and belief	, It is true,
Sign		May the IRS discus	
Here	72 2/2020 EXECUTIVE DIRECTOR I	ne preparer shown	
	Signature of officer Date Title in	nstructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	self- employed		
Prepa	CHRISTINE N KOENIG Christine / Loence (23,2000)	P010	22180
Use (Only Firm's name ▶ DEMING MALONE LIVESAY & OSTROPF PSC Firm's EIN ▶	61-1	064249
J-00 (9300 SHELBYVILLE RD STE 1100		
	Firm's address ► LOUISVILLE, KY 40222-5187 Phone no.	(502)42	
823711 0	1-09-19	Forn	9 90-T (2018)

W . . "

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY REPEAL OF SECTION 512(A)(7) - AMOUNTS PAID FOR DISALLOWED FRINGE BENEFITS TO FORM 990-T, PAGE 1 FOOTNOTES STATEMENT 2

AMENDED RETURN DUE TO REPEAL OF SECTION 512(A)(7) -AMOUNTS PAID FOR DISALLOWED FRINGE BENEFITS. PART III, LINE 34 - AMOUNTS PAID FOR DISALLOWED FRINGE WAS CHANGED TO \$0 ON THIS AMENDED RETURN.