

AMENDED RETURN SECTION 512(a)(7) REPEAL

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning and ending 12/2

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed
B Exempt under section
[X] 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization ( ) Check box if name changed and see instructions.)
JEWISH HERITAGE FUND FOR EXCELLENCE, INC
Number, street, and room or suite no. If a P.O. box, see instructions.
101 S 5TH ST, SUITE 1600
City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40202

D Employer identification number (Employees' trust, see instructions)
20-3805455
E Unrelated business activity code (See instructions)
900099

C Book value of all assets at end of year
248,794,152.

F Group exemption number (See instructions.)
G Check organization type [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here SEE STATEMENT 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

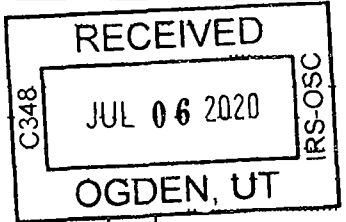
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [ ] Yes [ ] No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of THE ORGANIZATION Telephone number 502-365-3209

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income 0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 2 columns: Description, Amount. Rows 14-32. Total deductions 0.



35 Received in AUG 20 2020

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18

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Description, and Yes/No response. Includes questions 56-58 regarding foreign accounts and tax-exempt interest.

Signature and preparer information section including 'Sign Here', 'Paid Preparer Use Only', and 'Under penalties of perjury, I declare...'.

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

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FOOTNOTES	STATEMENT	2
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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.