		, - i			ENDED TO 1						- • ,		0 1		
	Form	\$90-T	E	Exempt Orga	nization E	Busin	ess	s Incom	ne Ta	ax Ret	urn	OMB No 1	545-0047		
	~~		(and proxy tax under section 6033(e))							912	00	40			
		For calendar year 2019 or other tax year beginning, and ending										20	19		
	Depar	tment of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest information.								_				
	Intern	al Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)						(c)(3)	Open to Public 501(c)(3) Organ	inspection for izations Only				
	ΑL	Check box if		Name of organization (Check box if name changed and see instructions.)						oloyer (dentificat płoyees' trust, s					
		address changed							inst	ructions)					
		xempt under section	Print	JEWISH HERI					ICE,	INC		<u> 20-3809</u>			
	X] 501(c)(3 03	or Type	- Ivolinder, Street, and room of State no. If a F.O. box, See instituctions.							elated business instructions)	activity code			
	<u>_</u>	408(e) 220(e)	1300	101 S 5TH ST, SUITE 1600								·			
	<u> </u>	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code													
	<u> </u>	529(a) / LOUISVILLE, KY 40202								900	0099				
	C Bo	pok value of all assets end of year F Group exemption number (See instructions.)													
		288,170,911. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) t											ther trust		
		H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated													
		trade or business here > SEE STATEMENT 1 . If only one, complete Parts I-V. If more													
	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.													
		During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enfer the name and identifying number of the parent corporation.										'es LIN	0		
				THE ORGANIZA					Talaaba			502-365-3209			
				le or Business Inc			1	(A) Income		(B) Exp		- 365 - 32 (C)			
		Gross receipts or sales				<u>-</u>	+	(A) IIICOIIIC	1	(0) LAP	C113C3	(0)	NET ;		
		Less returns and allow			c Balance	10							,		
		Cost of goods sold (So			J C Dalance	1c 2		· · ·	+			 / 			
		Gross profit. Subtract I		· ·		3	+-						1		
		Capital gain net incomi				4a	+		+		-				
			· ·				\neg				-/-	 			
		Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement)				4b 4c	\neg				$\overline{}$				
						5	+			-		_			
		Rent income (Schedule	•							-/-		· · · ·			
		•	Inrelated debt-financed income (Schedule E)							/					
			erest, annuities, royalties, and rents from a controlled organization (Schedule F)												
		Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G							/			1			
		Exploited exempt activity income (Schedule I)									_				
		Advertising income (So		, ,		10	1				-				
	12	Other income (See inst	ruction	s; attach schedule)		12									
	13	Total. Combine lines 3	3 throug	gh 12		13,			0.						
	Pau			t Taken Elsewhe					tions)			-			
	. 6	(Deductions i	must b	e directly connected w	ith the unrelated	business	ıncon	ne)							
	14	Compensation of office	ers, dır	ectors, and trustees (Sch	edule K)						14				
	15	Salaries and wages									15				
	16	Repairs and maintenance													
	17	Bad debts						17	<u> </u>						
	18	Interest (attach sched	ule) (se	e instructions)							18				
	19	Taxes and licenses													
	20	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return ECEIV Depletion						20 21a							
202	21														
	22	Depletion				_1 V L_L					22				
0	23	Contributions to defer	္ ဗြိ				23	-							
JAN	24	Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess exempt expenses (Schedule I)								24 25					
<u> </u>	25 26	Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)							2						
ر ر	20 27	Other deductions (atta	N. U	IIT				26	 						
	28	,	<u> </u>				27 28	-							
Received In	20	Total deductions Add lines 14 through 27 Unrelated histness taxable income before net operating loss deduction. Subtract li						line 28 from line 13					0.		
Ş	30	Uprelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)							3						
E E	~/									_}		0.			
~ ∴	31	•	xable in	come. Subtract line 30 fre	from line 29						30	 	0.		
1		Unrelated business taxable income. Subtract line 30 from line 29 3701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions										Form QQ (0-T (2019)		
			,		,								- (=3.3)		

	OX (2019) JEWISH HERITAGE FUND FOR EXCELLENCE, INC	<u> 20-380:</u>	<u>5455</u>	Page 2
Par				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32		0.
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules)	34		0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35		
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1.0	00.
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,			
	enter the smaller of zero or line 37	39		0.
Part	t ₩ Tax Computation	1 44 1		
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)	40		0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:			
	Tax rate schedule or Schedule D (Form 1041)	41		
42	Proxy tax See instructions	42		
43	Alternative minimum tax (trusts only)	43		
44	Tax on Noncompliant Facility Income See Instructions	44	_	
\ 45.	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		0.
Pari		45		<u> </u>
46a	/ 	<u> </u>		
		-		
b		-		
C	General business credit. Attach Form 3800 Credit for purpose maximum tox (other) Form 3801 as 8801 as 8801	-		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	-l		
	Total credits. Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47		0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Other (attach schedule)	48		
49	Total tax. Add lines 47 and 48 (see instructions)	49		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
	Payments: A 2018 overpayment credited to 2019	4		
	2019 estimated tax payments 54b 1,450.	<u>.</u>		
C	Tax deposited with Form 8868	 		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	」		
е	Backup withholding (see instructions) 51e	」		
f	Credit for small employer health insurance premiums (attach Form 8941) 51f	_		
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 51g	」 .Ⅰ		
52	Total payments. Add lines 51a through 51g	52	1,4	<u>50.</u>
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	1,4	50.
_56**	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56	1,4	50.
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)			
57	At any time during the 2019 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			
	here			Х
58	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.			
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of perjury, I declare that 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	ıs true,	
Sign				
Here		lay the IRS discuss th		with
	Constitution of Date	ne preparer shown bel nstructions)? 🏋 Y	es	No
			30	1,40
Paid	\mathcal{L}		2100	
-	DENTING WALCOUR TIMEGRAY COMPANY DOG	P01022		
Use	Only Firm's name ▶ DEMING MALONE LIVESAY & OSTROFF PSC Firm's EIN ▶	61-106	<u> </u>	<u> </u>
	9300 SHELBYVILLE RD STE 1100	/E00\40C	0.00	^
000711		-502)426		
HZ3/11	01-27-20	Form 4	727LJ- 1	ハンロコロト

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