	. ,			_	,	•	2938	306	57011	001	۵
**************************************	š .	•	FX11-	SSI	MATTAC	115		ani	A		_
	1	ı e.						<u> </u>	\mathscr{O} :		
Form	990-T	=>	xempt Organizatio	tax und	der section 6	me i 8033(e	ax Retui	M. 1.	OMB No 15	45-0687	
. o		For cale	ndar year 2018 or other tax year l					20 <u>19</u> .	2M=	IR	
-	rtment of the Treasury		► Go to www.irs.gov/Form						Open to Public to	spection for	1
Intern	al Revenue Service	▶ Do	not enter SSN numbers on this f		y be made public if y me changed and see in			T	Open to Public li 501(c)(3) Organi yer identification		l
^ L	Check box if address changed		Name of organization (Che	CK DOX II II AI	ne changed and see ii	isti uctions	,		yees' trust, see instr		
B Ex	empt under section	_	JEWISH COMMUNAL H	FUND				'			
X	501(C Ø 3)	Print	Number, street, and room or suite	eno IfaPO	box, see instructions				L74183		
	408(e) 220(e)	Type	ETE MADICON AVENU	TC.			703		ated business ac structions)	tivity code	
·	408A530(a))	575 MADISON, AVENU		IP or foreign postal co	de	703				
C Bo	529(a) ok value of all assets		NEW YORK, NY 1002	=	o, 10.0.g., postar oo	,		52599	90		
at	end of year ·		oup exemption number (See ins								. (
	2031447910.		eck organization type 🕨 🛛 X			501(c)		401(a)		Other trust	
_			anization's unrelated trades or bu	usinesses					(or first) unrela	_	
	ade or business her		TCH 1 e end of the previous sentence	complete			complete Parts I			ribe fue	
	ade or business, th			s, complete	Tarts rand II, comp	nete a oc	incudio im for ca	on dodnor			
			corporation a subsidiary in an	affiliated gi	roup or a parent-sub	sidiary co	ontrolled group?		▶ \	s X No	
			identifying number of the pare		on 🕨			0 550	0077		
_			AUL WADOWSKI, VP/CON	TROLLE			number > 21		1	lot	
	Gross receipts or		or Business Income		. (A) Income		(B) Expen	1562	(C) I	·	
1a b	Less returns and allowa		c Balan	ce ▶ 1c						- 1	r
2			dule A, line 7)	1. 2							
3	Gross profit Sub	tract line	2 from line 1c	/\ 3							
4a		•	attach Schedule D)	\ 4a	89,	122.				89,122.	
b	• , , ,		Part II, line 17) (attach Form 4797						 		
с 5			trusts		-1,647,	727.	ATCH 2		-1,6	47,727.	
6				• •	· · · · · · ·						
7	•		ncome (Schedule E)								
8	Interest, annuities, roy	alties, and re	ents from a controlled organization (Sched				•				
2 9			01(c)(7), (9), or (17) organization (Schedi								
3 10 11	•	-	income (Schedule I) dule J)					-			
ا ₁₂	_		ctions, attach schedule)	• • —				-			
Z 13	Total. Combine li	nes 3 thr	rough 12	13	-1,558,					58,605.	
Z Pa			Taken Elsewhere (See					Except f	or contribution	ons,	
U _	deduction	ns must	t be directly connected w	ith the ur	related busines	ss incor	ne)		<u> </u>		
U A 15	Salaries and war	OTTICETS,	directors, and trustees (Schedu	⊪e n)	RECE	IVED		. 14	 		
16	Repairs and mair	ntenance						. 16			
17	Bad debts				IXI. MAR 0	3. 2020). 2	17			
18	Interest (attach s	chedule)	(see instructions)		(O)	` . <u></u>	≌	18		250	
19	Taxes and license	es	See instructions for limitation ru		OGDE	N: U	₹ · · · · · · ·	19		250.	
20 21			See instructions for limitation for 4562)					20			
22			f on Schedule A and elsewhere					22b			
23	•							23			
24	Contributions to	deferred	compensation plans					24			
25			S					1			
26 27	· ·		Schedule I)					1			
28			schedule)					28			
29	Total deductions	. Add line	es 14 through 28					CE 29		250.	
30	Unrelated busine	ess taxat	ble income before net opera	ating loss	deduction Subtra	ct line 2	29 from line	13 30	-1,5	58,855.	
31`			ng loss arising in tax years beg		-	•	• •	. \ 3 <u>1</u>	_1 =	1 58,855.	
32 For			le income Subtract line 31 from Notice, see instructions.	n line 30 .	<u> </u>	••••	 	<u>.5∥ 3½</u>	<u> </u>	38,833. 90-T (2018)	
	40 1000 2868CX L10			AM V 1	8-7.6F	3	04501		. 51111		

4	990-1 (2018)			Page Z
Par	t III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	Instructions)	33	-1,558,	<u>855.</u>
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	-1,558,	<u>855.</u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	3/7	1,	000.
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36	1 1		
	enter the smaller of zero or line 36	38	-1,558,	855.
Par	t IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		
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			
Par	t V Tax and Payments			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
	Other credits (see instructions)	1		
	General business credit Attach Form 3800 (see instructions)	1		
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	1		
۵	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46		
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 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 24	49		
	Payments A 2017 overpayment credited to 2018			
	2018 estimated tax payments]		
c	Tax deposited with Form 8868]		
ď	Foreign organizations Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions)]		
f	Credit for small employer health insurance premiums (attach Form 8941)]		
q	Other credits, adjustments, and payments Form 2439]		
Ŭ	Form 4136 Other Total ▶ 50g			
51	Total payments Add lines 50a through 50g	51	19,	653.
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	\$3		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	\$4		653.
55	Enter the amount of line 54 you want	5 55	19,	653.
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	s) \		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or			No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay have to	file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign cou	ntry	
	here >		_	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	L	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 ▶ \$			<u> </u>
	Under penalties of pendry, I declare that I have examined this return, including accompanying schedules and statements, and to the I true, correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my know	rledge and bel	lief, it is
Sigi		ay the IRS d	iscuss this	return
Her	e 02/11/2020 txp. (1 & Ct)	th the prep <u>a</u>	rer shown l	
		ee instructions)?	X Yes	No
	Print/Type preparer's name Preparer's signature Date Chec	k if P	MΠ	
Paid	CANDICE METH Vandiel USA 02/11/2020 self-		0130689) 1
-	Darer Firm's name ►EISNERAMPER LLP Firm's		-1639826	
use	Only Firm's address ► 750 THIRD AVENUE, NEW YORK, NY 10017-2703 Phon	_{e no} 212-9	49-8700	
104			om 990-T	

JSA

•	JEWISH	COMMUNA	AL FUND			23-7174183	
Form 990-T (2018)							Page 3
Schedule A - Cost of G	oods Sold. Er	nter method	of inventory valuation	>			
1, Inventory at beginning of					ar	. 6	
2 Purchases					ld. Subtract line		
3 Cost of labor			6 from	line 5 Er	nter here and in	·	
4a Additional section 263A co	osts		Part I, line	2		. 7	
(attach schedule)	4a					with respect to Yes	No
b Other costs (attach schedu						or resale) apply	
5 Total. Add lines 1 through							X
Schedule C - Rent Income	e (From Real P	roperty a	nd Personal Property	Leased V	With Real Prope	erty)	
(see instructions)	•					••	
1. Description of property						- -	
(1)						<u> </u>	
(2)							
(3)					· -		
(4)							
	2. Rent recei	ved or accrue	ed				
(a) From personal property (if the for personal property is more the	an 10% but not	percenta	rom real and personal property age of rent for personal propert	y exceeds		directly connected with the inc 2(a) and 2(b) (attach schedule)	
more than 50%)	1	50% or	if the rent is based on profit or	income)			
(1)			-				
(2)							
(3)							
(4)							
Total		Total					
(c) Total income. Add totals of c	olumns 2(a) and 2	(b) Enter			(b) Total deduct Enter here and o		
here and on page 1, Part I, line 6	, ,				Part I, line 6, cold		
Schedule E - Unrelated D			e instructions)				
1 Description of del			2 Gross income from or allocable to debt-financed	3 (onnected with or allocable to need property	
T Description of des	bi-imanced property		property		ht line depreciation ach schedule)	(b) Other deductions (attach schedule)	١
(1)							
(2)							
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sch	ble to property	6 Column 4 divided by column 5		income reportable n 2 x column 6)	8 Allocable deduction (column 6 x total of colur 3(a) and 3(b))	
(1)			%				
(2)			%				
	•		, 	1		1 ' '	

%

Form **990-T** (2018)

Enter here and on page 1, Part I, line 7, column (B)

(3)

(4)

Total dividends-received deductions included in column 8

Enter here and on page 1, Part I, line 7, column (A)

Form 990-T (2018)	JEWISH C									174183 Page 4	
Schedule F-Interest, Ann	uities, Royalties						i ons (see	instruction	ns)		
		Exem	pt Co	ontrolled Or	ganızatı	ons	,			т-	
1 Name of controlled organization	2 Employer identification numb	e				of specified included		of column 4 that is I in the controlling tion's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)				-							
(3)											
(4)											
Nonexempt Controlled Organi	zations					r:					
7 Taxable Income 8 Net unrelated income (loss) (see instructions)			include						Deductions directly nected with income in column 10		
(1)					_						
(2)											
(3)											
(4)											
						Enter	columns 5 a here and on , line 8, colu	page 1,	Ent	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)	
Totals					<u></u> ▶						
Schedule G-Investment I	ncome of a Sec	tion 501(c	c)(7),			<u>nizatior</u>	(see ins	tructions)			
1 Description of income	2 Amount of	income		3 Deduction directly core (attach sch	nected		4 Set-asides (attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)		
(1)											
(2)								(
(3)			ļ .								
(4)			<u> </u>							F.1	
	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)							
Totals ▶			<u> </u>								
Schedule I-Exploited Exc	empt Activity In	come, Oth	er Th	nan Advert	ising Ir	come (see instru	ictions)		-	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected productio unrelate business in	/ with n of id	4 Net incorfrom unrelat or business 2 minus co. If a gain, co.	ed trade (column lumn 3) ompute	from ac	Gross income m activity that not unrelated siness income 6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)	1						-				
(2)											
(3)						"					
(4)		•					-				
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,						Enter here and on page 1, Part II, line 26		
Totals		4		<u> </u>							
Schedule J- Advertising I				tidada d Da							
Part I Income From Per	riodicais Report	ed on a Co	onsoi	lidated Bas	SIS	I		1		т -	
1 Name of periodical	mo of norrodical advoducing 2 and 3 if 1		6 Reade cost	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)						
(1)											
(2)				1						7	
(3)				1		_	·				
(4)				<u> </u>						<u> </u>	
Totals (carry to Part II, line (5))							-		-	Form 990-T (2018)	

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 7 Excess readership 4 Advertising costs (column 6 gain or (loss) (col 2 Gross 3 Direct 5 Circulation 6 Readership 2 minus col 3) If mınus column 5, but 1 Name of periodical advertising advertising costs ıncome costs a gain, compute not more than ıncome cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and Enter here and on Enter here and on page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable to unrelated business time devoted to 2 Title business

(1) (2) % % (3)% (4) Total. Enter here and on page 1, Part II, line 14.

Form 990-T (2018)

7 (\$2 |4

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY LIMITED PARTNERSHIP AND LIMITED LIABILITY COMPANY INVESTMENTS 7. A.

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

SCOGGIN CAPITAL MANAGEMENT II LLC MASTERS RESEARCH PARTNERS LP OAKTREE PRIVATE INVESTMENT FUND 2012, LP DEERFIELD PRIVATE DESIGN FUND IV, L.P. DEERFIELD RE HOLDINGS IV, L.P. SEVEN BRIDGES STRATEGIC EQUITY FUND #2154 SEVEN BRIDGES STRATEGIC EQUITY FUND #5702 PROVIDENCE EQUITY PARTNERS FUND VIII LP PWP GROWTH EQUITY FUND II LP P&A MULTI-SECTOR FUND II, LP QUANTUM ENERGY PARTNERS VII, LP	-554. 6,85419,790101,39017,4589401,897578,70744,401141592,479.
DEERFIELD RCA HOLDINGS INCOME (LOSS) FROM PARTNERSHIPS	-296,824. -1,647,727.

FEDERAL FOOTNOTES

" T

JEWISH COMMUNAL FUND 23-7174183 JUNE 30, 2019

NOL CARRYFORWARD

NOL CARRYFORWARD AS OF JUNE 30, 2018 = (28,361) NOL CARRYFORWARD AS OF JUNE 30, 2019 = (1,558,855)(1,587,216)=========

SCHEDULE D (Form 1120)

Capital Gains and Losses

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

► Go to www irs gov/Form1120 for instructions and the latest information

Employer identification number 23-7174183

JEW:	ISH COMMUNAL FUND	2	23-7174183			
Part	Short-Term Capital Gains and Losses	(See instructions)			
	See Instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(g) Adjustments or loss from Fon 8949, Part I, line column (g)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b			,	- -	
1 t	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	11,326.	65,522.		T	-54,196.
4	Short-term capital gain from installment sales from l	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	()
	Net short-term capital gain or (loss) Combine lines Long-Term Capital Gains and Losses			<u> </u>	7	-54,196.
Par	<u> </u>	(See manuchons)		(g) Adjustments	to gain	(h) Gain or (loss)
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from For 8949, Part II, lin column (g)	n(s)	Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
81	o Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked	ŧ			· · · · ·	
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	150,925.	7,607.		_	143,318.
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 37	7		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15 Par	Net long-term capital gain or (loss) Combine lines 8 till Summary of Parts I and II	a through 14 in column	h	· · · · · · · · · · · · · · · · · · ·	15	143,318.
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	ıl loss (line 15)		16	
17	Net capital gain. Enter excess of net long-term capi				17	89,122.
18	Add lines 16 and 17 Enter here and on Form 1120 Note: If losses exceed gains, see Capital losses in the		proper line on other retu	ırns	18	89,122.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018