2949315205801 **Return of Organization Exempt From Income Tax**

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public. to www.us.gov/Form990 for instructions and the latest information

		enue Service Solito WWW.ns.gov// Offinsolito Inistituctions a			10	inspection
A F	or th	e 2017 calendar year, or tax year beginning $07/01$, 2017	, and ending			06/30, 20 18
.		C Name of organization			D Employer identif	
	neck if a	SIXTH & I SYNAGOGUE, INC			33-10361	46
	Addre					
	Name	change Number and street (or P O box if mail is not delivered to street address)	Room/suite		E Telephone numb	er
	Initial	return 600 I STREET, NW			(202) 408-	-3100
		return/ City or town, state or province, country, and ZIP or foreign postal code	•			
	termi Amer	washington, DC 20001-3736			G Gross receipts \$	4,183,617.
	returr Apple	F Name and address of principal officer SHELTON ZUCKERMAN			H(a) Is this a group r	
	_ pend	600 I STREET, NW WASHINGTON, DC 20001-3736	_		subordinates?	H. H.
					H(b) Are all subordinate	a list (see instructions)
		tempt status		27		
		ite. ▶ WWW.SIXTHANDI.ORG	\ 		H(c) Group exemption	
		of organization X Corporation Trust Association Other	L Year o	of formation	on 2002 M Sta	te of legal domicile DC
Pa	irt l	Summary				
	1	Briefly describe the organization's mission or most significant activities SIXTH	& I'S M	4ISSIC	ON IS TO BE	AN INVITING
9		GATEWAY FOR WASHINGTON'S LARGE POPULATION OF UNA				
Jan		IR 20S & 30S, UTILIZING A NON-DENOMINATIONAL, NO	N-MEMBEF	RSHIP	APPROACH.	
Governance	2	Check this box I if the organization discontinued its operations or dispos	ed of more th	an 25%	of its net assets	
စ္ပါ	3	Number of voting members of the governing body (Part VI, line 1a)			3	14.
	4	Number of independent voting members of the governing body (Part VI, line 1b)				13.
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)				43.
Ξ	6	Total number of volunteers (estimate if necessary).			· · · · · · · · · · · · · · · ·	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12				
-		·				4 001
	D	Net unrelated business taxable income from Form 990-T, line 34		;	Prior Year	Current Year
	_					
e l	8	Contributions and grants (Part VIII, line 1h)			2,471,739.	
en	9	Program service revenue (Part VIII, line 2g)			1,121,551.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			79,803	
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			162,386	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			3,835,479.	4,183,611.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1		0	0.
	14	Benefits paid to or for members (Part IX, column (A), Intel 4) C.E.V.E	1		0	. 0.
<u>"</u>	4-	(2) (2) (3) (4) (4) (4) (5) (6)			1,694,933.	1,781,245.
Expenses	16 a	Professional fundraising fees (Part IX, column (A), lines 3-109. Total fundraising expenses (Part IX, column (D), line 25)	1		0	. 0.
per	. U L	Total fundraising expenses (Part IX, column (D), line 25)	1			•
ŭ		Other expenses (Part IX, column (A), lines 11a, 110, 11f, 24e)			1,794,299.	1,869,347.
	17	Total expenses Add lines 13-17 (must equal Part IX column (A), line 25)	1		3,489,232.	
		San Anna Carlotte	.		346,247	
_ s	19	Revenue less expenses Subtract line 18 from line 12		Poster	ing of Current Yea	
Net Assets or Fund Balances					10,600,502 .	
Sala	20	Total assets (Part X, line 16)		<u> </u>	177,692.	
걸빌	21	Total liabilities (Part X, line 26)		<u> </u>	· ·	·
	22	Net assets or fund balances Subtract line 21 from line 20,	<u></u>	<u> </u>	10,422,810.	10,906,802.
	rt II	Signature Block				
Und	ler per	nalties of perjury. I declare that I have examined this return including accompanying sched ect, and complete. Declaration of preparer (other than officer) is based on all information of wh	ules and state	ments, ar	nd to the best of m	y knowledge and belief, it is
true	, corre	ect, and complete Declaration of preparer (office than onlyer) is based on an information of wife	ich preparei na	as any kin	owieuge 	
Sig		Signature of officer			Date	
Her	·e	SHELTON ZUCKERMAN / PRESID	ENT			
		Type or print name and title				1
		Print/Type preparer's name Preparer's signature	Date		Check If	PTIN
Paid		GARY FRANKLIN CPA	31411	9	self-employed	P01297092
rep ^o rep	oarer	COUNTERNICY LID		•	Firm's EIN > 22-	
Jse	Only	1 millionanie			201	L-652-9100
Mar	. 46	Firm's address >7501 WISCONSIN AVENUE 400E BETHESDA, MD 20814-6583	\		Phone no 301	
vıay	me	IRS discuss this return with the preparer shown above? (see instructions	1			X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)



Fo	orm 990 (2017)	Page 2
Р	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 ATTACHMENT 1	
	ATTACHMENT	
2	Did the organization undertake any significant program services during the year which were not listed or prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	on the Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any proservices?	ogram
	If "Yes," describe these changes on Schedule O	
4		
4a	a (Code) (Expenses \$ 1,225,086 including grants of \$) (Revenue \$) JEWISH RELIGIOUS PROGRAMMING - INCLUDING EDUCATION, SHABBAT	379,614)
	SERVICES, HOLIDAY CELEBRATIONS, AND SOCIAL JUSTICE WORK - OFFERS	
	DYNAMIC WAYS FOR THOSE PRIMARILY IN THEIR 20S AND 30S TO ENGAGE	
	WITH JEWISH VALUES, IDEAS, AND TRADITIONS ON THEIR OWN TERMS AND	
	WITHOUT JUDGMENT.	
4t	b (Code) (Expenses \$594, 194_ including grants of \$) (Revenue \$	362,342)
	ARTS AND CULTURE PROGRAMMING OF CONCERTS AND COMEDY SHOWS CONSISTS	
	OF CUTTING EDGE LIVE ENTERTAINMENT THAT ENTERTAINS AND ENLIGHTENS	
	THE WIDEST POSSIBLE AUDIENCE.	
		
		
4c	c (Code) (Expenses \$	374,076
	ARTS AND CULTURE PROGRAMMING OF SPEAKERS AND BOOK TALKS AIMS TO	
	REACH A BROAD AUDIENCE WITH INNOVATIVE EXPERIENCES THAT FUEL	
	CURIOSITY, SPARK INSPIRATION, AND PROMOTE INTERACTION WITH PREEMINENT THOUGHT LEADERS AND POP CULTURE INFLUENCERS.	
	PREEMINENT THOUGHT LEADERS AND POP CULTURE INFLUENCERS.	
	· · · · · · · · · · · · · · · · · · ·	
	n mmn orrespond	
4 d	d Other program services (Describe in Schedule O) ATTACHMENT 2	
_	(Expenses \$ 167,941 including grants of \$) (Revenue \$ 228,305)	
46	e Total program service expenses ▶ 2,576,534.	



Form 9	990 (2017)		F	Page 3
Pari	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		١.,١	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			<u> </u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	l		
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	١		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	١.,		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	دمدا		Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	\vdash	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
40-		111	_ ^\	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	x	
_	Schedule D, Parts XI and XII	12a		
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\vdash	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.40		
J	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
		-		

Form **990** (2017)

Part ^a l\	Checklist of Required Schedules (continued)			
			Yes	No
20a [Old the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	f "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X
	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? If "Yes," complete Schedule I, Parts I and III	22		X
	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		Х	
	employees? If "Yes," complete Schedule J	23	_^	
	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? If "Yes," answer lines 24b	24-		Х
	through 24d and complete Schedule K If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 -
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	- 1	Х
	s the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		
	vear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
	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)		_	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b /	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
9	Schedule L, Part IV	28b		X
c A	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
٧	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	Old the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
c	conservation contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
	Part I	31		<u> </u>
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		- 1	v
	complete Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
	Nas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		Х
	or IV, and Part V, line 1	34 35a		$\frac{x}{x}$
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	JOA		
	f "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	-	
37 [· · · · · · · · · · · · · · · · · · ·			
-	and that is treated as a narthership for federal income tay numoses? If "Ves " complete Schedule R			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Х
F	Part VI	37		X
38 [·	37	х	X

Form 990 (2017)

Page 5

a Enter the number reported in Box 3 of Form 1096 Enter -0- finol applicable. 1a 1 1	Par				
1a Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable. 1b 10 0. 1b Enter the number of Forms W-26 included in line 1a Enter 0- if not applicable. 1b 0. 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 12 13 14 15 15 15 15 15 15 15		Check if Schedule O contains a response or note to any line in this Part V	<u></u>	· · ·	للسلخ
b Enter the number of Forms W-26 included in line 1s Enter -0- if not applicable. □ Did the organization comply with backup withholding rules for reportable payments to vendors and 1c captures of the program of the payments of the payme		1. 1	"\	Yes .	No Season
b Enter the number of employees reported on Form Va. Transmittal of Wage and Tax 2 a flate the number of employees reported on Form VA. Transmittal of Wage and Tax 3 at Enter the number of employees reported on Form VA. Transmittal of Wage and Tax 3 attendents, filed for the calendar year ending with or within the year covered by this return. 2 a 13 3 bit at least one is reported on line 2 a, did the organization file all required foe-file (see instructions). 3 bit of a least one is reported on line 2 a, did the organization file all required to e-file (see instructions). 3 bit fives, "has it filed a Form 990-T for the year? If "No" to line 38, provide an expleatation in Schedule O. 3 bit "Yes," that is the aform 990-T for the year? If "No" to line 38, provide an expleatation in Schedule O. 3 bit "Yes," the stiff of the Calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; or other financial account; or the foreign country (such as a bank account, securities account, or other financial account; or other financial account; or other financial account; or other security or the security of the organization have an interest in, or a signature or other authority over, a financial party to a prohibited tax sheller transaction at any time during the tax year? 5 bit organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5 c organization account; or prohibited tax sheller transaction at any time during the tax year? 5 differs to line 8 aor 50, did the organization that it was or its a party to a prohibited tax shelter transaction? 5 c organization shell any contributions that were not tax deductible as charitable contributions? 6 differs to include the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 6 organization that may receive deductible contributions under section 170(c). 8 bit organization that may receive deductible contributions	1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 43 b If at least one is reported on line 2, ad dick en organization the all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country South as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country South in the such contribution in the such country South in the such contribution in the such country South in the such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible and the such contributions or gifts were not tax deductible as charitable contribution and partly for goods and services provided to the payor? 7 organizations that may receive deductible contributions under section 170(c). 8 Did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file form 3028		Enter the number of Forms vv-2G included in line 1a Enter -0-11 hot applicable			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 43 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3b If Yes, has if field a Form 990-T for this year? If Yilo 16 line 36, provide an explanation in Schedule 0, 24 At any time during the clearing the ground over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If Yes, enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c If Yes, enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?	С			التركيد	لثقتتة
Statements, filed for the calendar year ending with or within the year covered by this return. 20	_			FE.	\$.5 . 73
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (eee instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country (such as a bank account, securities account, or other financial account). b if "Yes," enter the name of the foreign country [Sea to the organization have an interest, in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). b if "Yes," enter the name of the foreign country [Sea to the organization have an interest or security [Sea to the country of the financial accounts]. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization applies of the organization had the organization solicit any contributions that were not tax deductible as charitable contributions? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and senoces provided to the payor? 5b If "Yes," indicate the number of Forms 8222 field during the year. c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8222? 6b If "Yes," indicate the number of Forms 8222 field during the year organization file a Form 1988-C?. 8 Sponsoring organizati	2a				
Note, It the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more dump the year? 4a At any time during the calendar year, did the organization have an explanation in Schedule 0. 4b If "Yes," has if filed a Form 990-T for this year? if 'No' is unit = 80, provide an explanation is obschedule 0. 4b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FGAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shall many receive deductible as charable contributions? 5c Dog the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5d If "Yes," did the organization receive an otherwise dispose of tangelbe personal property for which it was required to file Form 8282? is did	_	Statements, filed for the calendar year ending with or within the year covered by this return Lau		***********	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has if fied a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4 At any time during the calendary year, did the organization have an interest in, or a signature or other funicial account? b If "Yes," enter the name of the foreign country > 5 Even instructions for filting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization flee Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to the Form 8282? 9 If "Yes," indicate the number of Forms 8282 filed during the year? 10 If the organization received a contribution of subtiletion organizations and services and ser	b				
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders. b Gross income from members or shareholders. b Gross income from other_sources (Do_not_net_amounts_due_or_paid_to_other_sources_against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b If "Yes," enter the amount of reserves the organization the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? 13a	d	If "Yes." Indicate the number of Forms 8282 filed during the year		مَّ رَحُرُّ مِنْ مَعْمُنُكُوْنِي مِنْ	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?. b Did the sponsoring organization make a distribution to a donor, donor advised, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. b Gross income from members or shareholders. b Gross income from other_sources_(Do_not_net_amounts_due_or_paid_to_other_sources_against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X			7f		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. b Gross income from members or shareholders. b Gross income from other_sources (Do_not_net_amounts_due_or_paid_to_other_sources_against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b			7g		
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			7h		
sponsoring organization have excess business holdings at any time during the year?	_				
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders. 11 Section 501(c)(12) organizations. Enter a Gross income from_other_sources (Do_not_net_amounts_due_or_paid_to_other_sources) against amounts due or received from them). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			8		
a Did the sponsoring organization make any taxable distributions under section 4966?. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12	9			تنتث	<u> </u>
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12	а		9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9Ь	7.4.0	***************************************
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders		initiation lees and capital contributions included on tark vin, into 12 1 1 1 1 1 1 1 1 1 1 1			
a Gross income from members or shareholders	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
b_Gross_income_from_other_sources_(Do_not_net_amounts_due_or_paid_to_other_sources_against amounts due or received from them.)					
against amounts due or received from them)		Gross modific from members of shareholders.			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		against amounts due of reconsed from them / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?				ar Just -	2,90,4
a Is the organization licensed to issue qualified health plans in more than one state?	b				
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				~ ~~.	`~ <u>\$</u> \$
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а		13a		3 yez-4
the organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand	b				
14a Did the organization receive any payments for indoor tanning services during the tax year?			E.		经圆
14a Did the organization receive any payments for indoor tanning services during the tax year?	С	Little tile amount of reserves of hand	% -1 3	fla.	Y
but "yes " has it tiled a Form 720 to report these navments? If "No " provide an explanation in Schedule U 140	14a	Did the organization receive any payments for indoor tanning services during the tax year?			
JSA JSA Form 990 (2017)		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	(2017)

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 in Schedule O			$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part VI	• • •	• • •	X
Sect	ion A. Governing Body and Management			
	1.	1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	<u>*</u>		:
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1:	3		Į.
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?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		X
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	-	-]
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		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? <i>If "Yes," provide the names and addresses in Schedule O </i>	9		Х
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. 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? <i>If "No," go to line 13 </i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			1
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		X
a b	Other officers or key employees of the organization	15b		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?	104		
b	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			ı
	organization's exempt status with respect to such arrangements?	16b	-	•
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	501(c)(3)s	only)
	Own website Another's website X Upon request X Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year		policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and record HEATHER MORAN 600 I STREET, NW WASHINGTON, DC 20001-3736	ls ▶		
JSA	ALATHER FLORIN GOV I STREET, NE HASHINGTON, DC 20001 5750		990	(2017)

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization no	r any related	orga	nıza	tion	cor	mpen	sate	d any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	145101 1510				s both an or/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
(1)SHELTON ZUCKERMAN	10.00									
PRESIDENT	0.	Х		Χ				0.	0.	0.
(2)SIMONE FRIEDMAN	3.00					!				
VICE-CHAIR	0.	Х		Х				0.	0.	0.
(3)ESTHER FOER	3.00									
SECRETARY/TREASURER	0.	Х		Х				1,709.	0.	0.
(4)MARCY COHEN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(5)PHILLIP HOROWITZ	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)ROBERT KOGOD	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)RONALD ABRAMSON	1.00									
DIRECTOR	0.	X						0.	0.	0.
(8) IRENE POLLIN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9)RALPH DWECK	1.00									
DIRECTOR	0.	X						0.	0.	0.
(10)AMI ARONSON	1.00									
DIRECTOR	0.	x						0.	0.	0.
(11)DIANE BERNSTEIN	1.00								,	
DIRECTOR	0.	х						0.	0.	0.
(12)HANNAH DWECK	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13)MOLLY LEVINSON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14)ELLIOT SCHNITZER	1.00									
DIRECTOR	0.	x						0.	0.	0.

Form 990 (2017)

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'age	•

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	officer and a director/trust					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	n from ons	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	MISC)	from the organization and related organizations
15) HEATHER MORAN CHIEF EXECUTIVE OFFICER	40.00			Х				250,000.		0.	9,746.
16) IRELLA LAWLESS DIRECTOR OF ACCOUNTING	40.00			Х				103,148.		0.	6,862.
17) JACQUELINE LEVENTHAL CHIEF BRAND & CONTENT OFFICER	40.00		-			х		116,831.		0.	0.
				-							
			-								
1b Sub-total	<u></u>				<u></u>		<u> </u>	1,709.		0.	0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .						>	469,979. 471,688.		0.	16,608. 16,608.
Total number of individuals (including but not reportable compensation from the organization)			liste 3	d al	bov	e) wh	o re	ceived more than	\$100,000 o	f	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	50,0	003) If	"Yes	s, "				4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You have been serviced as a service or for services rendered to the organization?											5 X
Complete this table for your five highest componentation from the organization Report of year.											
(A) Name and business add	dress							(B) Description of se	ervices	c	(C) ompensation
ATTACHMENT 3							+				
							#				
							+		-		

more than \$100,000 in compensation from the organization ▶

2 Total number of independent contractors (including but not limited to those listed above) who received

33-1036146 SIXTH & I SYNAGOGUE, INC Form 990 (2017) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. Unrelated Total revenue Related or Revenue business exempt excluded from tax function revenue under sections 512-514 Grants 1a Federated campaigns 1b Membership dues . . . 1 c Fundraising events . . C 1<u>d</u> Related organizations . . 67,378 Government grants (contributions) . 1e All other contributions, giffs, grants, 2,709,571 and similar amounts not included above Noncash contributions included in lines 1a-1f \$ l'otal. Add lines 1a-If Program Service Revenue **Business Code** 900099 362,342 362,342 ENTERTAINMENT 2a 900099 374,076 374,076 CULTURAL 379,614 379,614 RELIGIOUS 900099 All other program service revenue 1,116,000 Total. Add lines 2a-2f (including dividends, Investment income 62,331 0 Income from investment of tax-exempt bond proceeds . 5 (II) Personal (i) Real 228,305 Gross rents Less rental expenses . . . b 228,305 Rental income or (loss) . . 228,305 Net rental income or (loss). (i) Securities (II) Üther Gross amount from sales of assets other than inventory Less cost or other basis 6 and sales expenses . . . -6 Gain or (loss) . . . Net gain or (loss) . . . Gross income from fundraising Other Revenue events (not including \$ _ of contributions reported on line 1c) See Part IV, line 18 Less direct expenses . . . c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 Less direct expenses . . . Net income or (loss) from gaming activities _Gross___sales___of___inventory, returns and allowances . . **b** Less cost of goods sold

JSA 7E1051 1 000

Form 990 (2017)

4,183,611

Business Code

Net income or (loss) from sales of inventory Miscellaneous Revenue

All other revenue . Total. Add lines 11a-11d . Total revenue. See instructions

33-1036146

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									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments See Part IV, line 21	0.			7. 无,不是有关。不是					
2	Grants and other assistance to domestic individuals See Part IV, line 22	0.								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16	0.	~_							
4	Benefits paid to or for members	0.	<u> </u>							
5	Compensation of current officers, directors,									
	trustees, and key employees	378,094.	241,744.	75,255.	61,095.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0.								
7	Other salaries and wages	1,210,582.	774,018.	240,951.	195,613.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	0.	55 051		1.0.00					
9	Other employee benefits	103,305.	66,051.	20,561.	16,693.					
10	Payroll taxes	89,264.	57,073.	17,767.	14,424.					
11	Fees for services (non-employees)									
а	Management	0.	7 001	0 170	1 760					
b	Legal	10,949.	7,001.	2,179.	1,769.					
C	Accounting	33,300.		33,300.						
d	Lobbying	0.								
	Professional fundraising services See Part IV, line 17.	0.								
1	Investment management fees	0.								
g	Other (If line 11g amount exceeds 10% of line 25, column	24 152	15 450	4 020	2 064					
	(A) amount, list line 11g expenses on Schedule O)	24,152.	15,458.	4,830.	3,864.					
12	Advertising and promotion	77,720. 0.	77,720.							
13	Office expenses	0.								
14	Information technology	0.								
15	Royalties	70,775.	45,296.	14,155.	11,324.					
16	Occupancy	70,773.	45,290.	14,133.	11,324.					
17	Travel	· · ·								
18	Payments of travel or entertainment expenses	0.								
	for any federal, state, or local public officials	0.			· · · · · ·					
	Conferences, conventions, and meetings	0.								
20	Interest	0.								
21	Payments to affiliates	215,426.	137,738.	42,878.	34,810.					
22	Depreciation, depletion, and amortization	64,785.	41,462.	12,957.	10,366.					
23	Insurance		41,402.	12,007.						
21	Other expenses Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column	Tamadanda sana da a sana ar la camandanda		114 T 10 1 1 10 10 1 1 1 1 1 1 1 1 1 1 1 1						
	(A) amount, list line 24e expenses on Schedula (A)	Mild Michigan Communication and the second miles an		CONTRACTOR OF THE CONTRACTOR O						
	GENERAL & ADMINISTRATIVE	339,003.	181,629.	56,541.	100,833.					
_	PROFESSIONAL/CONSULTING FEES	20,367.	13,022.	4,054.	3,291.					
_	REPAIRS AND MAINTAINENCE	80,049.	51,231.	16,010.	12,808.					
-	PERFORMANCE AND TALENT	351,798.	351,798.							
	All other expenses ATCH 4	581,023.	515,293.	18,563.	47,167.					
	Total functional expenses. Add lines 1 through 24e	3,650,592.	2,576,534.	560,001.	514,057.					
26	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		2707070011	3307	02.700					
	following SOP 98-2 (ASC 958-720)	0.								

JSA 7E1052 1 000 Form **990** (2017)

Ŕ.	art X	Balance Sheet	

Part X				
	Check if Schedule O contains a response or note to any line in this P	art X	<u></u>	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	123,438.	1	140,313.
2	Savings and temporary cash investments	1,048,719.	2	1,463,135.
3	Pledges and grants receivable, net	100,000.	3	75,000.
4	Accounts receivable, net	16,723.	4	40,951.
5	Loans and other receivables from current and former officers, directors,	a Alagieren j	27/20 20 - 27/200	
-	trustees, key employees, and highest compensated employees			
		0.	5	0.
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	O'MINAD ANDICATE TO THE AND	www.ww	vocanama dul "arta" () di) din arawaya
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers	mbinikaine sierhiikiidiiklikii, i.i.		or of the Control of
	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
st 7	Notes and loans receivable, net	0.	7	1,245.
Assets 8	Inventories for sale or use	0.	_	0.
۷ و	Prepaid expenses and deferred charges	60,784.		74,322.
1 -	Land, buildings, and equipment cost or		47 Mg 12	AND
'0'	other basis Complete Part VI of Schedule D 9, 450, 951.		響臺	
١,	Less accumulated depreciation		100	7,058,654.
11	Investments - publicly traded securities	1,847,827.		1,766,839.
12	Investments - other securities See Part IV, line 11	3,800.		500.
13	Investments - program-related See Part IV, line 11	0.		0.
14	· ·	0.	<u> </u>	0.
15	Intangible assets	243,293.		463,136.
16	Total assets. Add lines 1 through 15 (must equal line 34)	10,600,502.		11,084,095.
	Accounts payable and accrued expenses	135,428.		153,453.
17	· ·	0.	_	0.
18	Grants payable	42,264.		23,840.
19	Deferred revenue	0.		0.
20	Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D	0.		0.
1	Loans and other payables to current and former officers, directors,	(FET269FINES)-/	2 (5 a)	
ië 22	trustees, key employees, highest compensated employees, and	ignali adiudhan walion r jeur dagan da i i r		
Liabilities	disqualified persons Complete Part II of Schedule L	0.	22	0.
<u>=</u>	Secured mortgages and notes payable to unrelated third parties	, 0.	23	0.
23		0.		0.
24	Unsecured notes and loans payable to unrelated third parties.		24	
25	Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17-24). Complete Part X			
	parties, and the results are made at a partie of the parties of th	0.	25	0.
	of Schedule D	177,692.	26	177,293.
26		7/14/70-74	20 %-7∷	200204040
رب ا	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
일 27		10,086,810:	27	10,168,802.
27 28 28		336,000.	28	738,000.
m 29	Temporarily restricted net assets	0.	29	0.
Fund Balances 28 29 29	Permanently restricted net assets		1 ^{'Q'} ('	
or F	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ع 30	Capital stock or trust principal, or current funds		30	
Net Ass 33 32 33	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
2 33	Total net assets or fund balances	10,422,810.	33	10,906,802.
34	Total liabilities and net assets/fund balances	10,600,502.	34	11,084,095.
				Form 990 (2017)

-				-	
orm 99	00 (2017)			Pa	ge 12
Part [®]					
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1		83,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		50,5	
3	Revenue less expenses Subtract line 2 from line 1	3		33,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,4		
5	Net unrealized gains (losses) on investments	5		49,0	
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		10,9	ne 0	202
· ·	33, column (B))	10	10,5	00,0	02.
<u>Part</u>					
	Check if Schedule O contains a response or note to any line in this Part XII		• • • •	Yes	
4	Accounting method used to prepare the Form 990 Cash X Accrual Other			res	No
1	If the organization changed its method of accounting from a prior year or checked "Other," e	volaio in			
	Schedule O	Apiaiii iii			
2-	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
24	If "Yes," check a box below to indicate whether the financial statements for the year were con				-1
	reviewed on a separate basis, consolidated basis, or both	iplica oi	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	X	
U	If "Yes," check a box below to indicate whether the financial statements for the year were audi				*
	separate basis, consolidated basis, or both				1
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	versight			
_	of the audit, review, or compilation of its financial statements and selection of an independent acc		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth in			
_	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b	L	
			Form	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Go to www.irs gov/Form990 for instructions and the latest information.

Inspection Employer identification number

Nam	e of t	the organization					Employer identif	
SI	XTH	& I SYNAGOGUE, IN					33-10361	
	rt I			<u> </u>				<u></u>
The	orga	anization is not a private for	oundation because if	t is (For lines 1 through	gh 12, ch	eck only	one box.)	
1	Ц	A church, convention of o	churches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	\neg
2		A school described in sec	ction 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ))	/
3	Ш	A hospital or a cooperati	•	-				1
4		A medical research orga	nization operated in	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
	_	hospital's name, city, and						
5		An organization operated	d for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ental unit described in
	_	section 170(b)(1)(A)(iv).						
6	ш	A federal, state, or local						
7	X	An organization that nor			ipport fr	om a go	vernmental unit or fro	om the general public
		described in section 170						
8	Щ	A community trust descri	·					
9		An agricultural research						
		or university or a non-lan	d-grant college of a	griculture (see instruct	tions) E	nter the	name, city, and state o	t the college or
		university					 	
10		An organization that norm receipts from activities re support from gross investigation acquired by the organization.	elated to its exempt to tment income and u tion after June 30, 1	functions - subject to nrelated business tax 975 See section 509	certain e able inco (a)(2). (0	exception ome (less Complete	is, and (2) no more tha s section 511 tax) from e Part III)	n 331/3 %of its
11	\vdash	An organization organize						arm, and the angresses
12		An organization organize of one or more publicly:	•					
		Check the box in lines 12:	· · · -					
		_	•					_
а	L	Type I A supporting o	-					
		the supported organiza	, , ,			ajonty of	i the directors or truste	es of the
	Г	supporting organization	•			. web sta	cupported erappizati	on(a) by boying
b	L	Type II A supporting of control or managemen	•					
		_		-	tile Sain	e persor	is that control of mai	lage the supported
_	Г	organization(s) You mu			stad in a	onnoctio	n with and functions	lly integrated with
С		Type III functionally in its supported organizat	-	· ·				ily integrated with,
		Type III non-functional	, , ,	•				ted organization(s)
d	_	that is not functionally i						
		requirement (see instru	=					a an attentiveness
е	Г	Check this box if the or	·	· ·				I Type III
-	_	functionally integrated,						, 1 / PC
f	Fn	nter the number of support						
a		ovide the following informa	~					
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	.,	5		(described on lines 1-10		ur governing		other support (see
				above (see instructions))	Yes	No No	instructions)	instructions)
					1			
(A)								
(B)								
(C)								
(D)	_							,
(E)								
Tot	al							

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

Schedule A (Form 990 or 990-EZ) 2017

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,300,664	1,499,663	551,593	2,471,739	2,776,949	9,600,608
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,					. 0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	2,300,664	1,499,663	551,593	, 2,471,739	2,776,949	9,600,608
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on the 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						3,451,357
6	Public support. Subtract line 5 from line 4	THE PERMIT	WEAR FROM	是對於計學是		查與智慧的學	6,149,251
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016_	(e) 2017	(f) Total
7	Amounts from line 4	2,300,664	1,499,663.	551,593	2,471,739	2,776,949	9,600,608
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60,820	238,556	142,499	245,059	290,636	977,570
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10	计算逻辑概点		対学を開発性			10,578,178
12	Gross receipts from related activities, etc. (12	4,956,406.
13	First five years. If the Form 990 is 1 organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	~					50 12
14	Public support percentage for 2017 (I					14	58.13 % 43.43 %
15	Public support percentage from 2016					15	
16a	331/3% support test - 2017. If the or	•					. 1 371
	box and stop here. The organization of						• • •
b	331/3% support test - 2016. If the orthis box and stop here. The organization						
47-	10%-facts-and-circumstances test -						
1/a	10% or more, and if the organization						
	Part VI how the organization meets						
	organization			_	•		▶
h	10%-facts-and-circumstances test -						and line
-	15 is 10% or more, and if the org						
	Explain in Part VI how the organizat supported organization	ion meets the "	facts-and-circur	nstances" test	The organization	on qualifies as a	publicly
18	Private foundation. If the organization instructions	did not check	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	. \square
						Schedule A (Form 9)	

	orm 990 or 990-EZ) 2017		,			33 103	Page 3
Part III	Support Schedule for Orga	inizations Des	cribed in Sect	tion 509(a)(2)			
	(Complete only if you check						nder Part II.
	If the organization fails to qu	alify under the	tests listed be	low, please co	omplete Part I	1)	
Section A.	Public Support						
Calendar yea	ar (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, gra	ants, contributions, and membership fees						
received	(Do not include any "unusual grants ")						
2 Gross re	eceipts from admissions, merchandise				-	. /	
sold or	services performed, or facilities						
furnishe	d in any activity that is related to the						
organiza	ation's tax-exempt purpose						
3 Gross re	eceipts from activities that are not an			<u> </u>		1	
	d trade or business under section 513						
4 Tax	revenues levied for the						
	ation's benefit and either paid to						
•	ended on its behalf						
•	value of services or facilities				/	_	-
	ed by a governmental unit to the						
	ration without charge						
_	Add lines 1 through 5					**	
	ts included on lines 1, 2, and 3			/			-
	d from disqualified persons						
	s included on lines 2 and 3				-		
received	from other than disqualified		/				
	that exceed the greater of \$5,000						
	of the amount on line 13 for the year		/	. =			
	es 7a and 7b		/				
	support. (Subtract line 7c from						
					-	L	
	. Total Support	() 0040 /	(1) 2011	4-> 2045	(4) 204 0	(-) 2017	(D.Tatal
Calendar yea	ar (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	ts from line 6	/			-		
	income from interest, dividends, nts received on securities loans,						
	oyalties, and income from similar						
sources	8						
b Unrelat	ted business taxable income (less	/					
section	511 taxes) from businesses	/					
acquire	ed after June 30, 1975	/					
c Add lin	es 10a and 10b 🕠 🕌						
	come from unrelated business						
	es not included in line 10b,						
	er or not the business is regularly						
	income Do not include gain or					1	
	om the sale of capital assets					1	
	n in Part VI)					<u></u>	
	support. (Add lines 9, 10c, 11,						
	2) /					<u> </u>	
	ive years. If the Form 990 is t	for the organiza	tion's first, seco	nd, third, fourth,	, or fifth tax y	ear as a secti	on 501(c)(3)
	ration, check this box and stop here						
	. Computation of Public Sup						
	support percentage for 2017 (line 8			nn (f))		15	%
	support percentage from 2016 Scho					16	%
	. Computation of Investmen					1	
	nent income/percentage for 2017 (li			3 column (ft)		17	%
	nent income percentage for 2017 (ii		•			18	<u> </u>
	% support/tests - 2017. If the or						
	not more than 331/3%, check th						
	% support tests - 2016. If the orga						
	s is not/more than 331/3%, check						
	foundation. If the organization	aid not check	a box on line	14, 19a, or 19b			
ISA 'E1221 1 000	//		45 5 40		51 0000 40	ZOO	n 990 or 990-EZ) 2017

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** .Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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
- c 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)? 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
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a 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))? If "Yes," provide detail in **Part VI**.
- **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? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in Part VI.
- 10 a 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)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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Schedu	le A (Form 990 or 990-EZ) 2017			Page 5
Part				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	3.75 m		
а	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?	11a	ļ	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	<u> </u>
Secti	on B. Type I Supporting Organizations			
		S.Congra	Yes	No
1	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? 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	Hül	<u> Per</u>	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	್ಷಣಕ್ಕಾರ್ಡ್ನ	Samo e d
2	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? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	inc.		
	supervised, or controlled the supporting organization	2		L
Secti	on C. Type II Supporting Organizations		V	NI.
		₹)?	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		THE	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		常装	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	WHI		
		1		
Secti	on D. All Type III Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	24%	Yes	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior		- 27.22.	
	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			TIE
	provided?	1	Track Till	mi Fr.4
2	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		<u> </u>	K#4)
	-	2	4 25.75	Signation (1)
3	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	-23.G	- آمین - مشتند	SHA-51
		3	L	
	on E. Type III Functionally Integrated Supporting Organizations		1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	สเนตน	ons)	
a	The organization satisfied the Activities Test Complete line 2 below			
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below		-41	
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	msau	Yes	No
2	Activities Test Answer (a) and (b) below.		162 165	
a	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? If "Yes," then in Part VI identify		大量	
	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			1000000
	that these activities constituted substantially all of its activities	2a	**************************************	Decorate
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? 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	2b	25-52-5	5,692° =1
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>	<u>D</u>	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ten act
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	M.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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 Adjusted Net Income (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	1		
instructions for short tax year or assets held for part of year)	,		看到底是公司的
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	754		
factors (explain in detail in Part VI)			
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 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	RECEIPED TO THE	
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 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	ınte	grated Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Schedule A (Form 990 or 990-EZ) 2017 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) Distributable **Underdistributions** Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 From 2013 From 2014 C From 2015 From 2016 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, line 7 Applied to underdistributions of prior years Applied to 2017 distributable amount Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if 5 any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018 Add lines 3 and 4c Breakdown of line 7 Excess from 2013.... Excess from 2014, . . . An and a second Excess from 2015.... Excess from 2016....

Schedule A (Form 990 or 990-EZ) 2017

Excess from 2017....

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)

PART II - STATEMENT ON SHORT YEAR

THE SCHEDULE IN PART II INCLUDES A SHORT YEAR.

ACCORDINGLY, THE RELATIONSHIP OF THE COLUMN HEADINGS TO THE REPORTING

PERIODS IS AS FOLLOWS:

2013: 1/1/2014 - 12/31/2014

2014: 1/1/2015 - 12/31/2015

2015: 1/1/2016 - 6/30/2016

2016: 7/1/2016 - 6/30/2017

2017: 7/1/2017 - 6/30/2018

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

20**17**

Open to Public ion. Inspection Employer identification number

33-1036146 SIXTH & I SYNAGOGUE, INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 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? 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 Yes Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section $170(h)(4)(B)(i)^2$ 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (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 If the organization elected, as permitted under SFAS 116 (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 (ii) Assets included in Form 990, Part X...... ▶ \$_ 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 SFAS 116 (ASC 958) relating to these items Schedule D (Form 990) 2017 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(a) Cost or other basis

(b) Cost or other basis

2,103,826.

3,762,455.

3,245,847.

338,823.

Schedule	D (Form	9901	2017

(d) Book value

2,103,826.

2,459,915.

2,356,254.

7,058,654.

138,659.

depreciation

1,302,540

889,593

200,164

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Description of property

1a Land

Leasehold improvements

d Equipment

b Buildings

_	
Page	,

	Form 990) 2017			Page •
Part VII		L"Voo" on Form 000	D Bart IV June 11h See Form 900	Dort V. line 12
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	
(1) Financ	ial derivatives			
	y-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Colun	nn (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11c See Form 990), Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of value Cost or end-of-year man	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	0, Part IV, line 11d. See Form 990), Part X, line 15
	(a) De	scription		(b) Book value
(1)				
(2)				<u> </u>
(3)				
(4)				
(5)				
(6)				
(7)				ļ
(9)				
	lumn (b) must equal Form 990, Part X, col (B) I	ine 15)	<u></u>	<u>L</u>
Part X	Other Liabilities.	I IIVaali on Farm 000	Dort IV line 11e er 11f See Fe	rm 000 Dad V
	Complete if the organization answered line 25	Tes on Form 990	o, railiv, line Tie or Tit See Fo	nn 990, ran A,
1.	(a) Description of liability	(b) Book valu	ue	
(1) Fede	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

Total. (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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

JSA 7E1270 1 000

(8) (9)

	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	r Keturi	11.	
1	Total revenue, gains, and other support per audited financial statements		1	4,300,256
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
_	Net unrealized gains (losses) on investments	9,027.		
a	Donated services and use of facilities	5,672.		
b	Donated services and use of facilities			
C	Recoveries of prior year grants.			
d	Other (Describe in that XIII)		2e	116,645
e	Add lines 2a through 2d		3	4,183,611
3	Subtract line 2e from line 1			<u> </u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a			
a	Other (Describe in Part XIII)	•		
b	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	4,183,611
Part			irn.	· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	3,816,264
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
- а	Donated services and use of facilities	5,672.		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e	165,672
3	Subtract line 2e from line 1		3	3,650,592
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
	intestinent expenses not included out to the edge, that they mis is a training in			
_	Other (Describe in Part XIII.)			
b	Other (Describe III Fait All)		4c	
b c 5 Part	Add lines 4a and 4b		5	3, 650, 592
b c 5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
b c 5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
b c 5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
b c 5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "
5 Part Provid 2, Par	Add lines 4a and 4b	nd 2b, Pa	5 art V, III	• "

Part-XIII - Supplemental Information (continued)

PART V, LINE 4

ENDOWMENT FUNDS ARE FOR THE PROTECTION OF THE ORGANIZATION'S LONG TERM VIABILITY.

PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). THE ORGANIZATION IS SUBJECT TO INCOME TAXES ON REVENUE GENERATED FROM OTHER SOURCES UNRELATED TO ITS EXEMPT PURPOSE. THE ORGANIZATION IS REQUIRED TO FILE AND DOES FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. THE ORGANIZATION HAS IMPLEMENTED THE PROVISION OF ASC 740 - INCOME TAXES. AS OF JUNE 30, 2018, THE ORGANIZATION DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE AND LOCAL AUTHORITIES FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED, TAX YEARS SINCE 2014 REMAIN OPEN.

'SCHEDULE J (Form 990).

Compensation Information
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 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SIXTH & I SYNAGOGUE, INC

Employer identification number

33-1036146

Part	Questions Regarding Compensation			
			Yes	No
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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	3	5	
	Discretionary spending account 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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		* * * * * * * * * * * * * * * * * * *	V 200
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	2	<u> </u>	111111111
_	1a?	2	E AR	
3	Indicate which, if any, of the following the filing 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			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	N. 19. A.	2408200
	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			
а	The organization?	5a	na ana	X
b	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III		1000 E	1914
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			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III			100000000000000000000000000000000000000
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		X
e	payments not described on lines 5 and 6? If "Yes," describe in Part III	 ' 		
8	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
		8		X
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0	Y-0.33	
9	Regulations section 53 4958-6(c)?	9	11375	

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

Schedule J (Form 990) 2017

33-1036146

Schedule J (Form 990) 2017

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

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

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation		177	The second secon	
(A) Name and Title		(i) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(E) (D(a) (D) (B)(i)-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
HEATHER MORAN	€	250,000.	0	0	9,000.	746.	259,746.	0.
1CHIEF EXECUTIVE OFFICER (Ξ	0	0	0.				
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PAGE 32

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2017

PAGE 33

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 33-1036146

SIXTH & I SYNAGOGUE, INC

FORM 990, PART VI, SECTION A, LINE 1A

TO THE EXTENT PERMITTED BY THE D.C. NONPROFIT CORPORATION ACT, THE

ARTICLES OF INCORPORATION, AND BYLAWS, THE EXECUTIVE COMMITTEE HAS AND

EXERCISES THE AUTHORITY OF THE BOARD OF DIRECTORS BY MAKING RAPID

GOVERNANCE OR POLICY DECISIONS WHEN IT IS NOT PRACTICAL TO HAVE A BROADER

DISCUSSION WITH THE FULL BOARD OF DIRECTORS; AND TAKES SUCH OTHER ACTIONS

AS MAY BE AUTHORIZED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE

IS COMPRISED OF THE PRESIDENT, SERVING BY VIRTUE OF OFFICE, AND FOUR

DIRECTORS APPOINTED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 2

DIRECTORS RALPH DWECK AND HANNAH DWECK ARE RELATED AS FATHER AND

DAUGHTER.

FORM 990, PART VI, SECTION A, LINE 4

THE ORGANIZATION RESTATED AND AMENDED ITS ARTICLES OF INCORPORATION AND AMENDED ITS BYLAWS TO REFLECT CHANGES IN DISTRICT OF COLUMBIA LAW AND TO MORE ACCURATELY REFLECT ITS ACTUAL AND DESIRED GOOD GOVERNANCE PRACTICES. CHANGES INCLUDED CLARIFYING SIXTH & I'S STATEMENT OF TAX-EXEMPT PURPOSES TO INCLUDE BEING EXCLUSIVELY ORGANIZED FOR CHARITABLE AND EDUCATIONAL PURPOSES, IN ADDITION TO RELIGIOUS PURPOSES; INCREASING THE SIZE OF THE BOARD AND MODERNIZING PROCEDURES FOR BOARD MEETINGS; UPDATING OFFICER POSITIONS AND DUTIES AND CLARIFYING DELEGATIONS OF CORPORATE AUTHORITY; AND ESTABLISHING AN EXECUTIVE COMMITTEE AND ADVISORY COMMITTEE STRUCTURE.

Employer identification number 33-1036146

FORM 990, PART VI, SECTION B, LINE 11B

THE FORM 990 IS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY

SENIOR MANAGEMENT OF SIXTH & I, WITH THE ASSISTANCE OF LEGAL COUNSEL. A

FINAL COPY OF THE RETURN WAS PROVIDED TO THE BOARD OF DIRECTORS BEFORE

SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C EACH COVERED OFFICIAL DISCLOSES ANY AND ALL FACTS THAT MAY BE CONSTRUED AS A CONFLICT OF INTEREST, BOTH THROUGH AN ANNUAL DISCLOSURE PROCESS AND WHENEVER SUCH ACTUAL OR POTENTIAL CONFLICT ARISES. DISCLOSURES ARE REVIEWED BY THE PRESIDENT, WITH INPUT FROM LEGAL COUNSEL, AND IF DEEMED MATERIAL, ARE REPORTED TO THE BOARD OF DIRECTORS OR AN AUTHORIZED BOARD COMMITTEE FOR CONSIDERATION AND/OR ACTION. IF THE BOARD OF DIRECTORS OR REVIEWING BOARD COMMITTEE DETERMINES THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE REVIEWING BODY ALSO DETERMINES AN APPROPRIATE REMEDY TO PROTECT THE INTERESTS OF SIXTH & I AND ENSURE COVERED OFFICIALS ACT IN SIXTH & I'S BEST INTERESTS AND COMPLY WITH APPLICABLE LEGAL REQUIREMENTS GOVERNING CONFLICTS OF INTEREST. A COVERED OFFICIAL WHOSE POTENTIAL CONFLICT IS UNDER REVIEW MAY NOT DEBATE, VOTE, OR OTHERWISE PARTICIPATE IN SUCH DETERMINATION EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS, AND FURTHER ABSTAINS FROM PARTICIPATION IN ANY ORGANIZATIONAL MATTER AFFECTING THE INTEREST UNDER REVIEW PENDING A DETERMINATION.

FORM 990, PART VI, SECTION C, LINE 19 NO DOCUMENTS AVAILABLE TO THE PUBLIC. Name of the organization
SIXTH & I SYNAGOGUE, INC

FORM 990, PART VII, SECTION A

Employer identification number 33-1036146

THE CALENDAR YEAR 2017 COMPENSATION FOR ESTHER FOER WAS PAYMENT FOR SERVICES RENDERED AS EXECUTIVE DIRECTOR THROUGH DECEMBER 31, 2017 AND NOT COMPENSATION FOR PRESENT SERVICE AS THE SECRETARY/TREASURER OR A

DIRECTOR.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SIXTH & I'S MISSION IS TO BE AN INVITING GATEWAY FOR WASHINGTON'S

LARGE POPULATION OF UNAFFILIATED JEWS IN THEIR 20S AND 30S, UTILIZING

A NON-DENOMINATIONAL, NON-MEMBERSHIP APPROACH. SIXTH & I IS COMMITTED

TO OFFERING AN UNEXPECTED AND CREATIVE MIX OF HIGH-IMPACT, LOW-COST

CULTURAL, SOCIAL AND RELIGIOUS PROGRAMS TO MEET THE FAR-RANGING NEEDS

OF TODAY'S YOUNG JEWISH COMMUNITY. OUR UNIQUE EVENTS WILL CONTINUE TO

PROVIDE A BARRIER-FREE ENTRY FOR YOUNG PROFESSIONALS INTO JEWISH

LIFE.

		ATTACHMENT 2		
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	<u> </u>			
DESCRIPTION	GRANTS	EXPENSES	REVENUE	
PRIVATE EVENT RENTALS		167,941.	228,305.	
TOTALS		167,941.	228,305.	

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

UNITED AMERICAN SECURITY PO BOX 829620 PHILADELPHIA, PA 19182-9620 SECURITY

149,370.

Schedule O (Form 990 or 990-EZ) 2017

Name of the organization
SIXTH & I SYNAGOGUE, INC

Employer identification number 33-1036146

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

JONES LANG LASALLE AMERICAS, INC. 33832 TREASURY CENTER DRIVE CHICAGO, IL 60694-380

PROJECT MANAGEMENT

120,060.

			ATTACHMENT 4	
FORM 990, PART IX - OTHER EXPENSES				
DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.		(D) FUNDRAISING EXPENSES
CATERING	204,614.	204,614.		
SECURITY	91,014.	91,014.		
TRAVEL	23.	23.		
SUPPLIES	50,592.	50,592.		
CO-SPONSOR FEES	31,895.	31,895.		
OTHER DIRECT EXPENSES	124,900.	124,900.		
MAILINGS AND SOLICITATIONS	27,994.			27,994.
OTHER EXPENSES	12,255.	12,255.		
ADDITIONAL SUPPLIES	37,736.		18,563.	19,173.
TOTALS	581,023.	515,293.	18,563.	47,167.