2939319800401 **Exempt Organization Business Income Tax Return** OMB No 1545-0047 Form 990-T (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning 07/01 , 2019, and ending 06/30 , 20 20▶ Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Check box if name changed and see instructions) Employer identification number Check box if Name of organization ( address changed THE JEWISH FEDERATION OF GREATER WASHINGTON, INC. B Exempt under section **Print** X 501(C) 3) Number, street, and room or suite no. If a P.O. box, see instructions 53-0212445 Unrelated business activity code 220(e) 408(e) Type (See instructions ) 100 6101 EXECUTIVE BLVD 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) 531390 NORTH BETHESDA, MD 20852 C Book value of all assets at end of year Group exemption number (See instructions ) 260,201,202. G Check organization type ► X 501(c) corporation 401(a) trust H Enter the number of the organization's unrelated trades or businesses ▶ 2 Describe the only (or first) unrelated trade or business here ▶ ATCH 1 If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . . If "Yes," enter the name and identifying number of the parent corporation The books are in care of ▶MOLLY GRAVHOLT Telephone number ▶ 301-230-7200 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances Cost of goods sold (Schedule A, line 7) . . . . . . , 2 Gross profit Subtract line 2 from line 1c . . . . . 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b 604,224. 604,224. ATCH Income (loss) from a partnership or an S corporation (attach statement). Rent income (Schedule C) . . . . . . . . . . . . . Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) . . . . . . 10 Advertising income (Schedule J) . . . . . . . Other income (See instructions, attach schedule) . . . . . 604,224. Total. Combine lines 3 through 12.... Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income ) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages . . . . . . . . . 15 15/ 16 Repairs and maintenance . . . . . 16 17 17 18 Interest (attach schedule) (see instructions) 18 44,852. 19 19 Depreciation (attach Form 4562). 20 20 Less depreciation claimed on Schedule A and elsewhere on return 21h 21 22 22 23 Contributions to deferred compensation plans 23 Employee benefit programs . . . . 24 24 25 25 26 26 4,202. 27 27 49,054. Total deductions. Add lines 14 through 27. . . . . . . . . . . . . . . . . 28 28 555,170. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29

613

30

31

555,170.

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Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 🚬

Unrelated business taxable income. Subtract line 30 from line 29.

For Paperwork Reduction Act Notice, see instructions.

	n 990-T (2019) THE JEWISH FEDERATION OF GREATER		53-0212445	Page
	rt III - Total Unrelated Business Taxable Income			
32 <sup>2</sup>	Fotal of unrelated business taxable income computed from all unrelated trades or	husinesses (see		
			<b>\$2</b> 66	0,617
2 2	Amounts paid for disallowed fringes		33	0,01
33	Amounts paid for disallowed fringes	ปา		6,062
	Charitable contributions (see instructions for limitation rules) ATCH. $A$		34	0,002
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction	on Subtract line		
	34 from the sum of lines 32 and 33		<b>35</b> 59	4,555
36	Deduction for net operating loss arising in tax years beginning before January	1, 2018 (see		
	instructions)	ا . وسد	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 3	5	<b>37</b> 59	4,555
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		38	1,000
	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is great			
	enter the smaller of zero or line 37		<b>39</b> 59	3,55
	Irt IV Tax Computation			
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)		12	4,64
		t i	-40	1,01
1	Trusts Taxable at Trust Rates. See instructions for tax computation in			
_	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	ı	41	
	Proxy tax. See instructions			
	Alternative minimum tax (trusts only)	i i	43	
41	Tax on Noncompliant Facility Income. See Instructions	· · · · · · · · · · · · · · · ·	44	
<u>5\                                    </u>	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	( )	<b>_45</b> 12	4,64
arı	rt V Tax and Payments			
6 a /	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
	Other credits (see instructions)		•	
	General business credit Attach Form 3800 (see instructions)			
	Total credits. Add lines 46a through 46d		46e	
				4,64
7				7,07
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Oth	A 1 7	48	1 (1
	Total tax. Add lines 47 and 48 (see instructions)	1 1	11-	4,64
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	
1 a	Payments A 2018 overpayment credited to 2019	197,803.	*	
þ	2019 estimated tax payments			
C	: Tax deposited with Form 8868,			
d	Foreign organizations Tax paid or withheld at source (see instructions) 51d			
e	Backup withholding (see instructions)			
	Credit for small employer health insurance premiums (attach Form 8941) 51f			
		`		
a	, Other dreams, and payments			
g	Form 4136   Other   Total >   51a			
•	Form 4136 Other Total > 51g		19	7.80
2	Total payments. Add lines 51a through 51g		<del></del>	7,80
2	Total payments. Add lines 51a through 51g	▶□∫	53	7,80
2 3 4	Total payments. Add lines 51a through 51g	▶□	53 54	
2 3 4 5	Total payments. Add lines 51a through 51g	······	53 54	
2 3 4 5	Total payments. Add lines 51a through 51g	▶□	53 54	
2 3 4 5	Total payments. Add lines 51a through 51g	Refunded	53 54 55 7 56	
2 3 4 5 6	Total payments. Add lines 51a through 51g	Refunded ►  (see instructions	5 3 5 4 5 5 7 5 6 s)	3,15
2 3 4 5 6 Part	Total payments. Add lines 51a through 51g	Refunded ►  n (see instructions or a signature or	5 3 5 4 5 5 7 5 6 5 5 7 5 6 5 7 6 5 6 5 7 6 6 5 7 6 7 6	3,15
2 3 4 5 6 2 2 7	Total payments. Add lines 51a through 51g	Refunded No (see instructions or a signature or a organization ma	5 3 7 5 5 7 5 6 s) other authority y have to file	3,15
2 3 4 5 6 Part	Total payments. Add lines 51a through 51g	Refunded No (see instructions or a signature or a organization ma	5 3 7 5 5 7 5 6 s) other authority y have to file	3,15
2 3 4 5 6 Part	Total payments. Add lines 51a through 51g	Refunded No (see instructions or a signature or the organization make name of the	5 3 7 5 6 5 7 other authority by have to file foreign country	3,15
2 3 4 5 6 Part	Total payments. Add lines 51a through 51g	Refunded No (see instructions or a signature or the organization make name of the	5 3 7 5 6 5 7 other authority by have to file foreign country	3,15
2 3 4 5 6 Part 7	Total payments. Add lines 51a through 51g	Refunded No (see instructions or a signature or the organization make name of the	5 3 7 5 6 5 7 other authority by have to file foreign country	3,15
2 3 3 4 5 5 6 Part 7	Total payments. Add lines 51a through 51g	Refunded No. (see instructions or a signature or the organization make name of the transferor to, a foreign	5 3 7 5 5 7 5 6 5 7 5 6 5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	3,15
2 3 4 5 6 Part 7	Total payments. Add lines 51a through 51g.  Estimated tax penalty (see instructions) Check if Form 2220 is attached.  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed.  Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid.  Enter the amount of line 55 you want. Credited to 2020 estimated tax. ▶ 73, 156.  Int VI Statements Regarding Certain Activities and Other Information.  At any time during the 2019 calendar year, did the organization have an interest in over a financial account (bank, securities, or other) in a foreign country? If "Yes," the FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the remaining the tax year, did the organization receive a distribution from, or was it the grantor of, or if "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year. \$  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and separate and complete Declaration of which prepare the based on all information of which prepare.	Refunded No (see instructions or a signature or the organization make name of the transferor to, a foreign statements, and to the business.	5 3 7 5 5 7 5 6 5 7 5 6 5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	3,15
2 3 4 5 5 6 Part 7	Estimated tax penalty (see instructions) Check if Form 2220 is attached	Refunded No (see instructions or a signature or the organization make name of the transferor to, a foreign statements, and to the bis any knowledge	5 3 7 5 5 7 5 6 5 7 5 6 5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	3,15  /es N  X  X
2 3 4 5 5 6 Part 7	Estimated tax penalty (see instructions) Check if Form 2220 is attached	Refunded No (see instructions or a signature or the organization make name of the transferor to, a foreign statements, and to the basis any knowledge	5 3 7 5 6 5 7 5 6 5 7 7 5 6 5 7 7 5 6 5 7 7 7 7	3,15
2 3 4 5 5 6 Part 7	Total payments. Add lines 51a through 51g	Refunded No (see instructions or a signature or the organization make name of the transferor to, a foreign statements, and to the basis any knowledge	5 3 7 5 6 5 7 5 6 5 7 5 6 5 7 5 6 5 7 7 5 6 5 7 7 7 7	3,150  Yes N  X  X  X  A belief, 1
Part Fart Fart Fart Fart Fart Fart Fart F	Estimated tax penalty (see instructions) Check if Form 2220 is attached	Refunded No (see instructions or a signature or the organization make name of the transferor to, a foreign statements, and to the best any knowledge Main (see	5 3 7 5 4 7 5 5 7 5 6 5 7 5 6 5 7 5 6 5 7 7 5 6 5 7 7 5 6 7 7 5 6 7 7 7 7	3,150  Yes N  X  X  X  A belief, 1
52 53 54 55 56 Parr 57 Sign	Estimated tax penalty (see instructions) Check if Form 2220 is attached	Refunded No (see instructions or a signature or the organization make name of the transferor to, a foreign statements, and to the best sany knowledge Market (see the control of the contr	5 3 7 5 5 7 5 6 5 7 5 6 5 7 5 6 5 7 5 6 5 7 7 5 6 5 7 7 5 6 7 7 7 7	3,150  Yes N  X  X  X  I belief, I
52 53 54 55 66 Pari 77 58 88 99 Paid	Estimated tax penalty (see instructions) Check if Form 2220 is attached.  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid  Enter the amount of line 55 you want	Refunded No (see instructions or a signature or the organization make name of the transferor to, a foreign statements, and to the book is any knowledge Marwith (see 19/2021 Check self-er	5 3 7 5 4 7 5 5 7 5 6 5 7 5 6 5 7 5 6 5 7 5 6 5 7 7 5 6 5 7 7 5 6 7 7 7 7	X X X X Ins return below N.L. 563
33 34 35 36 Pari 37 38 39 Sign	Estimated tax penalty (see instructions) Check if Form 2220 is attached	Refunded No (see instructions or a signature or the organization make name of the transferor to, a foreign statements, and to the bost sany knowledge Marwith (see 3/2021 Check self-er Firm's	5 3 7 5 5 7 5 6 5 7 5 6 5 7 5 6 5 7 5 6 5 7 7 5 6 5 7 7 5 6 7 7 7 7	3,15  Yes N  X  X  X  Second belief, not b

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Total dividends-received deductions included in column 8.

Ochedule i - Interest, Ann	unics, Royanic			rolled Org			Editoris (30	e instructi	0113)	··
Name of controlled organization	2. Employer identification numb	per 3. Ne	et unrelate s) (see inst	d income	4. Total		fied included	of column 4 to in the contra tion's gross in	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organia	zations									
7. Taxable Income	8. Net unrelated ii (loss) (see instruc			al of specific	ed	inc	Part of column luded in the co anization's gros	ontrolling		I. Deductions directly inected with income in column 10
(1)							,			•
(2)										
(3)										
(4)	<del></del>		_							
Totals	ncome of a Sec	 ction 501(c	 ;)(7), (9	)), or (17		Pa		tructions)		er here and on page 1, rt I, line 8, column (B)
1. Description of income	2. Amount of	f income		directly con (attach sch	nected			et-asides schedule)	$\bot$	and set-asides (col 3 plus col 4)
(1)			1							
(2)			<del> </del>							
( <u>3)</u> ( <u>4</u> )	· ——		ļ						-+	
Totals	Enter here and Part I, line 9, c	olumn (A)	er Thar	n Adverti	sing In	come	(see instru	ictions)		Enter here and on page 1 Part I, line 9, column (B)
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected production unrelated business income.	with f	4. Net incomfrom unrelated business of business of minus color of a gain, colors 5 thro	ed tradé (column umn 3) ompute	from	ross income activity that ot unrelated ness income	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						-				<del> </del>
(2)								<u> </u>		
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,		,			<b>.</b>		Enter here and on page 1, Part II, line 25
Totals ▶ Schedule J- Advertising In	come (see instr	uctions)		·			·			<del></del>
Part I Income From Per			nsolid	ated Ras	is.		<del></del>			<del></del>
Tarte income i font i er	lodicals Report	ca on a oc	/113011d.	atca Dus	,,,,			1		T
1. Name of periodical	2. Gross advertising income	3. Direct	_	4. Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute		Circulation income	6. Reade cost	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
<u></u>			+-					<b>†</b>		
(2)			-				··			1
(3)							<del></del>			
(4)								<b> </b>		†i
-	<del> </del>		+-							
Totals (carry to Part II, line (5))						,				- 000 T

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53-0212445

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					_	
(2)						
(3)						
(4)						
Totals from Part I				<b>新新设置为约</b>		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶			्रिक्टी <u>स कुला है। जो पार</u>	문화를 보다하다		

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Trtle	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)	<del></del>	%	
(2)	· · · · · · · · · · · · · · · · · · ·	%	
(3)		%	
(4)		%	
Total Enter here and on page 1. Part II. line 14			

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# SCHEDULE M (Form 990-T)

### Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning  $\frac{07/01}{}$  , 2019, and ending  $\frac{06/30}{}$  , 20  $\frac{20}{}$ 

► Go to www.irs.gov/Form9907 for instructions and the latest information.

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

Open to Public Inspection for

Name of the organization

THE JEWISH FEDERATION OF GREATER

Unrelated Business Activity Code (see instructions) ▶ 531390

Employer identification number

53-0212445

	Describe the unrelated trade or business ▶ RENTAL OF D	EBT-	FINANCED PROPERTY		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				· .
b	Less returns and allowances	1c			• i
2	Cost of goods sold (Schedule A, line 7)	2			-
3	Gross profit Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a		•	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E) ATCH. 5.	7	425,846.	311,082.	114,764.
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	1 1			
11	Advertising income (Schedule J)				
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	425,846.	311,082.	114,764.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		
16	Repairs and maintenance	l	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	8,519.
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	_23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	798.
28	Total deductions. Add lines 14 through 27		9,317.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29_	105,447.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29		105,447.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

### ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

INCOME DERIVED FROM PARTNERSHIP INVESTMENTS

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

,	
AG REALTY FUND VII	-5,080.
HIGHLAND HOUSE LIMITED PARTNER	412,381.
LEXINGTON CAPITAL PARTNERS VI-A, L.P.	8,295.
TIFF PRIVATE EQUITY PARTNERS 2007, LLC	-7,495.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC	2,467.
TIFF PRIVATE EQUITY PARTNERS 2006, LLC	-1,188.
WALTON STREET REAL ESTATE FUND VI, LP	39,647.
SPUR VENTURES III, LP	-65.
PRIVATE ADVISORS SMALL COMPANY	-54,135.
FRIENDSHIP PROPERTIES LTD. PARTNERSHIP	218,947.
PRIVATE ADVISORS SMALL COMPANY	-9,550.
TNCOME (LOCC) FROM DARTNERCHIRC	604,224.
INCOME (LOSS) FROM PARTNERSHIPS	004,224.

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL SERVICE FEES

4,202.

PART II - LINE 27 - OTHER DEDUCTIONS

4,202.

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FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTION	FORM	990T -	PART	III	LINE	34	-	CHARITABLE	CONTRIBUTION	S
--	------	--------	------	-----	------	----	---	------------	--------------	---

UNRELATED TRADE OR BUSINESS INCOME	604,224.
UNRELATED TRADE OR BUSINESS INCOME (SCHEDULES M)	114,764.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD	49,054.
DED W/O CHARITABLE CONTRIBUTIONS & DPAD (SCH M)	9,317.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	66,062.
	•
CHARITABLE CONTRIBUTION	66,062.
CURRENT COMPRESSION DEPUGATON (CONTINUE OF THE ADOLE WITH	66.060
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	<u>66,062.</u>

DEBT-FINANCED PROPERTY

# SCHEDULE M - SCHEDULE E UNRELATED DEBT-FINANCED INCOME

1. DESCRIPTION OF DEBT-FINANCED PROPERTY	1	2. GROSS INCOME FROM OR ALLOCABLE TO DEBT- FINANCED PROPERTY	3. DEDUCTIONS DIRECTLY CONNECTED WITH OR ALLOCABLE TO DEBT-FINANCED PROPERTY (A) STRAIGHT LINE DEPR. (B) OTHER DEDU	3. DEDUCTIONS DIRECTLY CONNECTED WITH OR ALLOCABLE TO DEBT-FINANCED PROPERTY (A) STRAIGHT LINE DEPR. (B) OTHER DEDUCTIONS
1 OFFICE BUILDING		976,151.	274,600.	438, 483.
4. AMOUNT OF AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT- FINANCED PROPERTY 2,828,750.	5. AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT- FINANCED PROPERTY 6,484,309.	IS 6. COLUMN 4 DIVIDED BY COLUMN 5 .43625	7. GROSS INCOME REPORTABLE (COLUMN 2 × COLUMN 6) 425,846. ENTER HERE AND ON PAGE 1, PART I, LINE	3. Al
TOTALS	7, COLUMN (A)  TOTALS	LUMN 8	/, COLUMN (A) 425,846.	7, COLUMN (B) 311,082.

PART II - LINE 27 - OTHER DEDUCTIONS

798.