For	9 "	90	Under section 501(c), 527, or 494		ie Code (exc	ept private foundations	OMB No. 1545-0047
Deere		- Cille - Transmissi	Do not enter social	security numbers on this form	n as it may b	e made public.	Open to Public
Interr	al Reve	of the Treasury enue Service		v/Form990 for instructions an	nd the latest	information.	Inspection
AF	or th	e 2020 calend	ar year, or tax year beginning	JUL 1, 2020 and	d ending J	UN 30, 2021	
Ba	heck if pplicab	C Name of	organization			D Employer identifica	tion number
	Addre		FEDERATION OF CLEVELAND				
	chang Name chang	ρ	usiness as			34-0714445	
	Initial		and street (or P.O. box if mail is not d	elivered to street address)	Room/suite	E Telephone number	
	Final	25701	SCIENCE PARK DRIVE		liteenieune	216.593.2900	
	termir	D-	own, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	155,095,069.
	Amen	ided CLEVEL	AND, OH 44122-7302			H(a) Is this a group retu	Irn
	Applie tion	^{ca-} F Name ar	nd address of principal officer: BARE	RY REIS		for subordinates?	Yes X No
	pendi	ING SAME AS				H(b) Are all subordinates inclu	
		empt status:)◀ (insert no.) 4947(a)(1)) or 527	If "No," attach a lis	t. See instructions
JV	Vebsi	ite: 🕨 🖤 JE	WISHCLEVELAND, ORG			H(c) Group exemption	number 🕨
KF	orm o	f organization:	Corporation Trust A	Association Other >	L Year	of formation: 1903 M	State of legal domicile: OH
Pa	rt I	Summary					
1	1	Briefly describ	e the organization's mission or mos	t significant activities: THE JE	EWISH FEDE	RATION OF	
nce		CLEVELAND W	ORKS TO PRESERVE AND ENHAN				
Activities & Governance	2	Check this box	if the organization disco	ontinued its operations or dispo	osed of more	than 25% of its net asset	S.
ove	3		ing members of the governing body				134
5	8		ependent voting members of the go				133
es			of individuals employed in calendar				245
viti			of volunteers (estimate if necessary)				1233
Acti			business revenue from Part VIII, co				135,826.
_	b	Net unrelated	ousiness taxable income from Form	990-T, Part I, line 11			121,343.
	-				·	Prior Year	Current Year
qe						63,606,439.	92,961,393.
Revenue	9	0		1 1		11,571,392.	0.
Rev			ome (Part VIII, column (A), lines 3, 4			1,410,320.	2,410,917.
			(Part VIII, column (A), lines 5, 6d, 8d			76,588,151.	113,020,772.
-	A CONTRACTOR OF		add lines 8 through 11 (must equa nilar amounts paid (Part IX, column			61,636,025.	65,676,113.
			o or for members (Part IX, column (0.	0.
		and according to the second seco	compensation, employee benefits (13,930,180.	13,747,983.
Expenses			ndraising fees (Part IX, column (A),			2,490.	5,018.
Den			ng expenses (Part IX, column (D), lir		,522.		
EX			s (Part IX, column (A), lines 11a-11c			4,796,661.	4,551,396.
		21	Add lines 13-17 (must equal Part			80,365,356.	83,980,510.
			expenses. Subtract line 18 from line			-3,777,205.	29,040,262.
PS					Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (P	art X, line 16)			479,016,103.	589,585,655.
Ass Ba	21	Total liabilities	(Part X, line 26)			81,816,973.	90,867,798.
Net	22	Net assets or f	und balances. Subtract line 21 from	ı line 20		397,199,130.	498,717,857.
Do		Signature					
LP a	rt II	Oignature	BIOCK				
			declare that I have examined this return	, including accompanying schedule	es and stateme	nts, and to the best of my kr	owledge and belief, it is
Unde	r pena	alties of perjury, I					owledge and belief, it is
Unde	r pena	alties of perjury, I ct, and complete.	declare that I have examined this return Declaration of preparer (other than offic			nas any knowledge.	
Unde	r pena correc	alties of perjury, I	declare that I have examined this return Declaration of preparer (other than offic			nas any knowledge.	
Unde true,	r pena correc	alties of perjury, I ct, and complete. Signature BARRY D	declare that I have examined this return Declaration of preparer (other than offic of officer			nas any knowledge.	
Unde true, Sign	r pena correc	alties of perjury, I ct, and complete. Signature BARRY D	declare that I have examined this return Declaration of preparer (other than offic of officer REIS, ASST TREASURER int name and title		/hich preparer	nas any knowledge.	

	Print/Type prepare	er's name	e		Preparer's signature	Dr. Li	Date	GRECK	PIIN		
Paid	PAUL HAMMERSC	CHMIDT	1			Jathannohis	05/16/22	2 self-employed	P01384178		
Preparer	Firm's name 🕞	BDO U	JSA,	LLP				Firm's EIN 👞 1	3-5381590		
Use Only	Firm's address 🕨	100 F	PARK	AVENUE							
		NEW Y	YORK	NY 10017-5001				Phone no.212-88	85-8000		
May the IF	RS discuss this re	turn wit	th the	preparer shown abo	ve? See instructions				Yes	X	No

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION Yes X No Form 990 (2020)

Form	990 (2020) JEWISH FEDERATION OF CLEVELAND	34-0714445	Page 2
	rt III Statement of Program Service Accomplishments		, age
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		<u></u>
	THE JEWISH FEDERATION OF CLEVELAND SEEKS TO PROMOTE THE WELL-BEING OF		
	OUR COMMUNITY, ITS MEMBERS, AND JEWS THROUGHOUT THE WORLD; ENHANCE THE		
	CONTINUITY, SECURITY, AND UNITY OF THE JEWISH COMMUNITY; INCREASE		
	UNDERSTANDING OF JEWISH VALUES (CONT. SCHEDULE O) AND THEIR		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	No X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	No X
Ū	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	heasured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.		
40	(Code:) (Expenses \$65,676,113including grants of \$65,676,113) (Revenue	98	32,974.)
4a	ALLOCATIONS AND GRANTS FOR CHARITABLE, EDUCATIONAL, AND RELIGIOUS)
	PURPOSES. ANNUAL ALLOCATIONS FROM THE CAMPAIGN FOR JEWISH NEEDS ARE		
	MADE TO 15 LOCAL BENEFICIARIES AND PROGRAMS, AS WELL AS TO A NUMBER OF		
	U.S. ORGANIZATIONS CONDUCTING PROGRAMS TO MEET THE SOCIAL WELFARE.		
	RELIGIOUS, AND EDUCATIONAL NEEDS OF THE JEWISH COMMUNITY IN THE UNITED		
	STATES AND AROUND THE WORLD. ENDOWMENT FUND GRANTS ARE DESCRIBED		
	FURTHER ON SCHEDULE D, PART V, LINE 4 AND PART XIII. GRANTS FROM DONOR		
	ADVISED FUNDS SUPPORT JEWISH AND NON-JEWISH ORGANIZATIONS WHOSE		
	MISSIONS ARE NOT INCONSISTENT WITH THE FEDERATION'S MISSION.		
4b	(Code:) (Expenses \$1, 264, 765. including grants of \$) (Revenue	e\$2	27,732.)
	DIRECT SERVICES INCLUDE PROGRAMS THAT HELP MEET THE SOCIAL WELFARE,		
	RELIGIOUS, AND EDUCATIONAL NEEDS OF PEOPLE IN CLEVELAND, ISRAEL, AND		
	AROUND THE WORLD. THESE INCLUDE:		
	1. GROWING JEWISH CLEVELAND'S EMPLOYMENT RELATED SUPPORT PROGRAM		
	PROVIDES ONE-ON-ONE ASSISTANCE FOR THE NETWORKING JOB-READY CANDIDATES		
	WHO ARE NEW TO NORTHEAST OHIO OR PLANNING A MOVE TO NORTHEAST OHIO.		
	2. THE JEWISH VOLUNTEER NETWORK (JVN) CONNECTS VOLUNTEERS TO A WIDE		
	RANGE OF OPPORTUNITIES IN BOTH THE JEWISH AND GENERAL COMMUNITY. IN THE		
	PAST YEAR, JVN VOLUNTEER EFFORTS HAVE INCLUDED SERVING MEALS TO AT-RISK		
4c	(Code:) (Expenses \$5,586,010. including grants of \$) (Revenue	e\$1,22	26,252.)
	INDIRECT SERVICES PROVIDED BY THE FEDERATION THROUGH ITS STAFF AND		
	VOLUNTEERS INCLUDE:		
	1) HUMAN RESOURCE DEVELOPMENT, WHICH CULTIVATES AND DEVELOPS		
	LEADERSHIP FROM WITHIN THE COMMUNITY.		
	2) THE PLANNING AND ALLOCATIONS DEPARTMENT, WHICH WORKS WITH A NETWORK		
	OF 15 LOCAL BENEFICIARIES AND PROGRAMS TO MEET COMMUNITY NEEDS, ENGAGE		
	IN LONG-TERM AND STRATEGIC PLANNING, AND ALLOCATE FUNDS TO PRIORITY		
	PROGRAMS. THE COMMUNITY PLANNING COMMITTEE INITIATED A COMPREHENSIVE		
	DEMOGRAPHIC STUDY OF COMPOSITION, TRENDS, AND POTENTIAL NEEDS OF THE	-	
	CLEVELAND JEWISH COMMUNITY. THE FINDINGS OF THIS STUDY WILL HELP THE		
44	Other program services (Describe on Schedule O.)		
τu		١	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 72,526,888.)	
-10		Earm	990 (2020)
02000	SEE SCHEDULE O FOR CONTINUATION(S)	FUIII	(2020)
032002	2 12-23-20 SEE SCHEDULE O FOR CONTINUATION(S)		

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2020.05095 JEWISH FEDERATION OF CLEV 34-07142

Form 990 (2020)

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032003 12-23-20

JEWISH FEDERATION OF CLEVELAND

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

If "Yes," complete Schedule A

2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
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		Х
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	х	
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?			
		9	х	
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u>ل</u>		
10		10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V			
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 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 of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
-	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,"			<u> </u>
	complete Schedule G, Part III	19		х
20a		20a		X
		20a		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
~ 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
	associate government of the artist, column (-y, into the interest, colliplete Schedule I, Parts Fand II			(2020)

3

Part IV Checklist of Required Schedules

2020.05095 JEWISH FEDERATION OF CLEV 34-07142

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v

No

Yes

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JEWISH FEDERATION OF CLEVELAND

Par	t IV Checklist of Required Schedules (continued)			ugo -
	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	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 employees? If "Yes," complete			
	Schedule J	23	х	
24a	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 through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, 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
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	v	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		A
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	20		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33	x	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34	х	
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	x	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 77			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
032004	12-23-20	Form	990	(2020)
	4			

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Page 4

	990 (2020) JEWISH FEDERATION OF CLEVELAND	34-071444	5	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
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 245			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
	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?		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	D	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		x
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service as a	vices provided to the pavor?	7a		x
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
-	to file Form 8282?		7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
U			8		x
9	Sponsoring organizations maintaining donor advised funds.		Ŭ		
a			9a		x
b			9b		x
	Section 501(c)(7) organizations. Enter:		30		
10	Initiation fees and capital contributions included on Part VIII, line 12	10a			
a h		10b			
44					
11	Section 501(c)(12) organizations. Enter:	110			
a ⊾	Gross income from members or shareholders	<u>11a</u>			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	116			
10-	amounts due or received from them.)	11b	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	I			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			v
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.			990	(00000
			10000		1000

Form **990** (2020)

032005 12-23-20

Form	990 (2020) JEWISH FEDERATION OF CLEVELAND	34-0714445			age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belo	w, and for a "I	No" re	spons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	134			
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	133			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	er			
	officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct super	/ision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	F	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		х
	Did the organization have members or stockholders?		6	Х	
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	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, o				
	persons other than the governing body?		7b	х	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the followi				
	The governing body?		8a	х	
	Each committee with authority to act on behalf of the governing body?		8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	F			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	ſ	10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliat	F			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	Г	11a		х
b	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? If "No," go to line 13		12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	Г			
	in Schedule O how this was done		12c	х	
	Did the organization have a written whistleblower policy?		13	Х	
	Did the organization have a written document retention and destruction policy?	Γ	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independ	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a	х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		x
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participa				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow m OH$, $ m FL$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 6104 Requires an organization for a section 6104 Requires an organization 6104 Requires an organization for a section 6104 Requires an organization 6104 Requi	tion 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request X Other (explain on Schedule)	O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere		financ	ial	
	statements available to the public during the tax year.	-			
	State the name, address, and telephone number of the person who possesses the organization's books and record	ls ▶_			
	BARRY REIS - 216.593.2900				
	25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302				
032006	12-23-20		Form	990	(2020)
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Form 990 (2	2020) JEWISH FEDERATION OF CLEVELAND	34-0714445	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	sated							
	Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Comple	to this table for all persons required to be listed. Penert compensation for the calendar year ording with or y	within the organization's	tax yoar						

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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title Average hours per weak (git any hours for weak below Description below below Description below below Reportable compensation from organization Reportable compensation from related organization Estimated and compensation Estimated and the organization (1) Exit A B RUDIN-LURIA 40.00 X 387, 207. 15,000. 111,834. (2) DARRY REIS 40.00 X 332,413. 0. 47,022. (3) OREH DARAZZ 40.00 X 198,407. 0. 10,360. (4) DATE DATESTINATION OFFICER 40.00 X 198,407. 0. 10,360. (4) DATE DATESTINAL APPRING 40.00 X 166,256. 0. 5,595. (5) RACHEL DAPPRIN 40.00 X 167,851. 0. 10,226. (5) RACHEL DAPPRIN 40.00 X 168,256. 0. 5,595. (3) ART PARAURE ORVER 40.00 X 167,851. 0. 10,226. (4) DAREY REIS MARENEND OFFICER X 158,053.<	(A)	(B)			(C)			(D)	(E)	(F)
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Form 990 (2020)

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Part VII Section A. Officers, Directors, Trustes, Kyr Employees, and Highest Compensated Employees: Continued. Name and title Average boots for veek Pesition in the section of	Form 990 (2020) JEWISH FEDERA	TION OF CL	EVE	LAN	D					34-07	1444	5	Pa	age 8
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a Total (add lines ib and 1c) 2,169,537. 76,750. 536,197. 2 Total (add lines ib and 1c) 2 2,169,537. 76,750. 536,197. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 26 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? It "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or line vanish in the organization? If "Yes," complete Schedule J for such individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) CJI, INC., 1333 HIGHLAND ROAD, SUITE A, MACEDONIA, OR 44056 BUILDING RENOVATIONS 646,592. CREWCIAL PARTNERS LLC, 810 SEVENTH AVE, 320D FLOOR, NEW YORK, NY 10019 INVESTMENT CONSULTING 374,333. ED EOS 642743, PITTSEURGH, PA 15264-										/8,			536,	
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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>														
and related organizations greater than \$150,000? /f "Yes," complete Schedule J for such individual												3		<u>x</u>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Mame and business address Description of services Compensation Compensation CJI, INC., 1333 HIGHLAND ROAD, SUITE A, BUILDING RENOVATIONS 646, 592. CREWCIAL PARTNERS LLC, 810 SEVENTH AVE, BUILDING RENOVATIONS 6466, 592. CREWCIAL PARTNERS LLC, 810 SEVENTH AVE, BUILDING RENOVATIONS 6466, 592. 2ND FLOOR, NEW YORK, NY 10019 INVESTMENT CONSULTING 374, 333. BDO USA, LLP PO BOX 642743, PITTSBURGH, PA 15264-2743 AUDIT AND TAX SERVICES 320, 666. CAMBRIDGE ASSOCIATES, LLC PO BOX 83232, CHICAGO, IL 60691-0232 INVESTMENT CONSULTING FEES 250, 000. RSM US LLP Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 10														
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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 10		674								TOPO			226	770
\$100,000 of compensation from the organization 10			ot !!	a;± -	1 + -	+	- I'-						230,	112.
		•	υτ ΙΙΓ	niteo	1 10			ted	above) who received mo	bre than				
			TS			_ `						Form	990 (2	2020)

032008 12-23-20

Part VII Section A. Officers, Directors, 1	rustees. Kev Fr	nplo	vee	s, a	nd H	liah	est (Compensated Employe	ees (continued)	
(A)	(B)		Jee		C)	ingin		(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week	~				oyee		the	organizations	compensatior
	(list any	rector				emplo		organization	(W-2/1099-MISC)	from the
	hours for related	e or di	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	l trust		/ee	npen				organizations
	below	Individual trustee or director	Institutional trustee	_	Key employee	Highest com pen sated em ployee	L.			organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			
(27) SUSAN R. BORISON	1.00									
TRUSTEE		Х						0.	0.	C
(28) NAPHTALI BURNSTEIN	0.50									
TRUSTEE		Х						٥.	٥.	C
(29) RENEE CHELM	0.50									
TRUSTEE	2.40	х						0.	0.	(
(30) MICHAEL CANTOR	0.50									
TRUSTEE		х						٥.	٥.	C
(31) CYNTHIA CHAITEN	0.70									
TRUSTEE		х						٥.	0.	(
(32) JENNIFER COHEN	0.80									
TRUSTEE		Х						0.	0.	(
(33) RABBI JONATHAN COHEN	0.50									
TRUSTEE		Х						0.	0.	C
(34) MINDY DAVIDSON	0.50									
TRUSTEE UNTIL 4/20/2021	0.10	Х						0.	0.	C
(35) JEFFREY S. DAVIS	0.50									
TRUSTEE UNTIL 4/20/2021		Х						0.	0.	
(36) REUVEN D. DESSLER	0.50									
TRUSTEE		Х						0.	0.	0
(37) GRANT N. DINNER	1.20									
TRUSTEE	0.10	Х						0.	0.	
(38) CINDY DUBER	0.80									
TRUSTEE UNTIL 4/20/2021		Х						0.	0.	
(39) AMY EINHORN	0.50									
TRUSTEE UNTIL 4/20/2021		Х						0.	0.	C
(40) BARRY S. FELDMAN	1.30									
TRUSTEE	0.10	Х						0.	0.	
(41) MARGARET RICHARDS FRANKEL	0.50									
TRUSTEE		х						0.	0.	(
(42) ADAM GIMBEL	0.90									
TRUSTEE	0.30	х						0.	0.	(
(43) SHELLEY GIMBEL	0.50									
TRUSTEE	0.10	х						0.	0.	(
(44) IRA S. GOFFMAN	0.50									
TRUSTEE		х						0.	0.	C
(45) ADRIENNE GOLDBERG	0.90									
TRUSTEE		х						٥.	0.	(
(46) LARRY GOLDBERG	0.50									
TRUSTEE		х	1				1	0.	Ο.	(

032201 04-01-20

Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, aı	nd H	ligh	est	Compensated Employees (continued)					
(A)	(B)			(0	C)			(D)	(E)	(F)			
Name and title	Average				ition			Reportable	Reportable	Estimated			
	hours	(C	heck	all	that	app	ly)	compensation	compensation	amount of			
	per							from the	from related	other			
	week (list any	tor				ploye		organization	organizations (W-2/1099-MISC)	compensatio from the			
	hours for	direc				ed em		(W-2/1099-MISC)		organization			
	related	tee or	ustee			ensate				and related			
	organizations	ul trus	nal tr		loyee	dwo				organization			
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former						
	line)	Ind	- Sul	0ff	Ke	∃	For						
47) ROBERT GOLDBERG	0.50								_				
		х						0.	0.				
(48) ALAN D. GOTTLIEB	0.50												
TRUSTEE	0.10	х						0.	0.				
(49) ROE GREEN	0.50								0				
TRUSTEE UNTIL 4/20/2021	0.00	X						0.	0.				
(50) LYNN-ANN GRIES TRUSTEE	0.90	x						0.	0.				
(51) GARY L. GROSS	0.50	^						0.	υ.				
TRUSTEE	0.60	x						0.	0.				
(52) HARLEY I. GROSS	0.50							· ·	· ·				
RUSTEE	0.50	x						0.	0.				
53) ROCHELLE GROSS	0.70								••				
TRUSTEE		x						0.	0.				
(54) BARRY J. GUTTMAN	0.90												
RUSTEE UNTIL 12/31/2020		х						0.	0.				
(55) RABBI ROSETTE BARRON HAIM	0.50												
RUSTEE UNTIL 4/20/2021		х						0.	0.				
(56) REBECCA C. HELLER	1.00												
TRUSTEE UNTIL 4/20/2021	0.20	х						0.	0.				
(57) WILLIAM H. HELLER	1.40												
TRUSTEE	0.40	х						٥.	0.				
(58) EVAN HIRSCH	0.50												
TRUSTEE UNTIL 4/20/2021		х						0.	0.				
(59) MICHELLE HIRSCH	0.70												
TRUSTEE	0.10	х						0.	0.				
(60) SHOSHANA DESSLER JACOBS	0.50												
TRUSTEE		х						٥.	0.				
(61) EDNA JAFFA	0.50												
TRUSTEE		х						0.	0.				
(62) GABRIELLE JERUSALEM	0.50												
RUSTEE		Х						0.	0.				
63) JUSTIN KADIS	0.50												
RUSTEE UNTIL 4/20/2021		х						0.	0.				
(64) SUELLEN KADIS	1.00												
RUSTEE		х						0.	0.				
(65) JEFFREY M. KAHN	0.50												
RUSTEE	0.10	х						0.	0.				
(66) MICHELE KAMINSKY	0.80												
RUSTEE		Х						0.	0.				

032201 04-01-20

Part VII Section A. Officers, Directors, T	rustees, Key Er	<u>nplc</u>	yee	<u>s, a</u> ı	nd H	ligh	est (Compensated Employees (continued)					
(A)	(B)				C)			(D)	(E)	(F)			
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated			
	hours	(c	heck	all	that	app	ly)	compensation	compensation	amount of			
	per							from	from related	other			
	week	or				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the			
	(list any hours for	direct				d em l		(W-2/1099-MISC)	(00-2/1099-00130)	organization			
	related	ee or	stee			nsate				and related			
	organizations	l trust	nal tru		oyee	ompe				organizations			
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former						
	line)	pul	Inst	Offi	Key	Hig	For						
(67) IRA KAPLAN	0.50												
IRUSTEE (68) ETHAN KARP	2.10	Х						0.	0.	0			
(68) ETHAN KARP IRUSTEE	0.70	x						0.	0.	C			
(69) ILANA I. KATZ	0.50	л						•.	•.	0			
TRUSTEE	0.10	x						0.	0.	0			
(70) MICHAEL KLEIN	0.50	1											
TRUSTEE		х						0.	0.	C			
(71) NATHAN KLEIN	0.50												
TRUSTEE UNTIL 4/20/2021	0.10	х						0.	0.	0			
(72) TERRI KLINE	0.50												
TRUSTEE	0.40	х						٥.	0.	0			
(73) ADENA J. KLINEMAN	0.70												
TRUSTEE		х						0.	0.	0			
(74) S. LEE KOHRMAN	0.50									-			
TRUSTEE	20.20	х						0.	0.	0			
(75) HALLIE BRAM KOGELSCHATZ TRUSTEE	1.00	x						0.	0.				
(76) SHARON KOPPELMAN	0.50	^						0.	0.	C			
TRUSTEE	0.50	x						0.	0.	C			
(77) HARVEY KOTLER	0.50							`` •	.				
TRUSTEE UNTIL 09/26/2020		x						0.	0.	C			
(78) CHARLOTTE KRAMER Z"L	0.50												
TRUSTEE		х						0.	0.	C			
(79) SUSAN D. KRANTZ	1.20												
TRUSTEE		х						0.	0.	C			
(80) KAREN KRAUSE	0.70												
TRUSTEE		х						٥.	0.	C			
(81) ERICA LAZZARO	0.50												
TRUSTEE		Х						0.	0.	C			
(82) NORMA W. LERNER	0.50	-											
IRUSTEE		х						0.	0.	0			
(83) ELIANA J. LEVINE	0.80								_	~			
TRUSTEE UNTIL 4/20/2021	0.00	Х						0.	0.	(
(84) GREGG A. LEVINE TRUSTEE	0.90	x						0.	0.	C			
(85) JAN LEWIS	0.50	^			-	-		<u>0</u> .	· · ·				
TRUSTEE	0.50	x						0.	0.	C			
(86) KEITH LIBMAN	0.70	+			-				<u>,</u>				
TRUSTEE UNTIL 4/20/2021		x	L	l I	1	l I	l I	0.	0.	(

Part VII Section A. Officers, Directo	rs, Trustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employees (continued)					
(A)	(B)				C)			(D)	(E)	(F)			
Name and title	Average				ition	1		Reportable	Reportable	Estimated			
	hours	(c	heck	allt	that	app	ly)	compensation	compensation	amount of			
	per							from	from related	other			
	week	-				loyee		the	organizations	compensation			
	(list any hours for	lirecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization			
	related	e or c	stee			Isatec		(00-2/1099-00130)		and related			
	organizations	Individual trustee or director	Institutional trustee		yee	Highest com pen sated em ployee				organizations			
	below	vidual	tution	er	Key employee	est co	ler			0			
	line)	Indiv	Insti	Officer	Key	High	Former						
(87) MARIELY LUENGO	0.70												
TRUSTEE		Х						0.	0.	(
(88) MILTON S. MALTZ	0.50												
TRUSTEE	0.40	Х						0.	0.	(
(89) TAMAR MALTZ	0.50												
TRUSTEE	0.30	х			L			0.	0.	(
(90) GREGORY A. MARCUS	0.50												
TRUSTEE	0.10	Х						0.	0.	(
(91) KEVIN D. MARGOLIS	0.50												
TRUSTEE UNTIL 4/20/2021		х						0.	0.	(
(92) PETER MEISEL	1.20												
	0.50	х			<u> </u>			0.	0.	(
(93) SUSI MEISEL	1.00	-											
IRUSTEE	1.00	х						0.	0.	(
(94) NATAN D. MILGROM	1.00								0	,			
TRUSTEE (95) DAVID P. MILLER	0.50	Х						0.	0.	(
IRUSTEE	0.50	x						0.	0.	(
(96) JARED S. MILLER	0.80	~						0.	0.				
TRUSTEE UNTIL 4/20/2021	0.00	x						0.	0.	(
(97) AMY MORGENSTERN	1.00	A						· · ·	••				
TRUSTEE	2.10	x						0.	0.	(
(98) CAMERON ORLEAN	0.70	A						· · ·	••				
IRUSTEE	0.70	x						0.	0.	(
(99) DAVID B. ORLEAN	0.70	A						· · ·	••				
TRUSTEE	0.70	x						0.	0.	(
(100) DAYNA ORLEAN	0.50								<u> </u>				
TRUSTEE	0.50	x						0.	0.	(
(101) ABBIE PAPPAS	0.70							·.	<u> </u>				
TRUSTEE	0,70	x						0.	0.	(
(102) JEREMY PARIS	0.80							·.	<u> </u>				
TRUSTEE UNTIL 1/13/2021	2.00	x						0.	0.	C			
(103) ERVIN PAVLOFSKY	0.50				-			<u>0.</u>	•.				
TRUSTEE	0.30	x						0.	0.	C			
(104) SHARI S. PERLMUTER	0.90				-				<u>.</u>				
TRUSTEE UNTIL 4/15/2021	0.40	x						0.	0.	C			
(105) KIM M. PESSES	0.70	1						· · ·	```				
TRUSTEE UNTIL 4/20/2021	2.40	x						0.	0.	(
(106) MARLA K. PETTI	0.70	1							<u>,</u>				
TRUSTEE		x						0.	0.				
			1	l	1	I	1		•.				

Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	oyee	s, a	nd H	ligh	est (Compensated Employees (continued)					
(A)	(B)				C)			(D)	(E)	(F)			
Name and title	Average			Pos	ition	ľ		Reportable	Reportable	Estimated			
	hours	(c	heck	all	that	app	ly)	compensation	compensation	amount of			
	per							from	from related	other			
	week	or				loyee		the organization	organizations (W-2/1099-MISC)	compensatior from the			
	(list any hours for	direct				d em l		(W-2/1099-MISC)	(00-2/1099-00130)	organization			
	related	ee or	stee			nsate				and related			
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest com pen sated em ployee				organizations			
	below	vidua	itutio	cer	Key employee	hest c	Former						
	line)	Indi	Inst	Officer	Key	Hig	For						
(107) JUDGE DAN A. POLSTER	0.80												
TRUSTEE UNTIL 4/20/2021	9.00	х						0.	0.	(
(108) KEITH POLSTER	0.90												
IRUSTEE	0.10	х						0.	0.	(
(109) LOREE E. POTASH	0.80												
		х						0.	0.	(
(110) ALBERT B. RATNER	0.50	_							_				
IRUSTEE	0.10	Х			<u> </u>			0.	0.	(
(111) CHARLES A. HOROWITZ RATNER	0.50	v						0	0.				
IRUSTEE	0.20	Х						0.	υ.	(
(112) ROBERT S. REITMAN TRUSTEE	0.70	x						0.	0.				
(113) BRIAN D. ROBBINS	0.30	^						<u>0.</u>	0.	(
TRUSTEE	0.50	х						0.	0.	(
(114) BETH ROSENBERG	0.50							·.	<u> </u>				
TRUSTEE UNTIL 4/20/2021	2.30	x						0.	0.	(
(115) DAVID M. ROSENBERG	0.50							· · ·	.				
TRUSTEE UNTIL 4/20/2021	0.30	x						0.	0.	(
(116) ENID ROSENBERG	1.60							·					
TRUSTEE	2.80	х						0.	0.	(
(117) BARBARA ROSSKAMM	0.70												
TRUSTEE		х						0.	0.	(
(118) BETTY ROSSKAMM	0.50												
TRUSTEE		х						0.	0.	(
(119) PETER RZEPKA	0.50												
TRUSTEE	0.10	х						0.	0.	(
(120) EVIE SAFRAN	0.50												
TRUSTEE	0.10	х						0.	0.	(
(121) HARVEY SASS	0.70												
TRUSTEE		х						0.	0.	(
(122) BRADLEY J. SCHLANG	0.50												
TRUSTEE		х						0.	0.	(
(123) MITCHELL C. SCHNEIDER	0.50												
TRUSTEE UNTIL 4/20/2021	0.10	х						0.	0.	(
(124) MARCY SCHWARTZ	0.80												
TRUSTEE	2.00	х						0.	0.	(
(125) GARY S. SHAMIS	0.50												
TRUSTEE		х						0.	0.				
(126) MARY ANN SHAMIS	0.90												
RUSTEE		х						٥.	0.				

Part VII Section A. Officers, Directors	s, Trustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employees (continued)					
(A)	(B)			(0	C)			(D)	(E)	(F)			
Name and title	Average			Pos	ition	ľ		Reportable	Reportable	Estimated			
	hours	(c	heck	allt	that	app	ly)	compensation	compensation	amount of			
	per							from	from related	other			
	week	5				loyee		the	organizations	compensation			
	(list any hours for	direct				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization			
	related	ee or (stee			nsated		(00-2/1033-10100)		and related			
	organizations	trust	al tru		yee	lad mo				organizations			
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest com pen sated em ployee	ner			-			
	line)	Indiv	Insti	Officer	Key	High	Former						
(127) ELIAV SHARVIT	0.70												
TRUSTEE		х						0.	0.				
(128) BRADLEY A. SHERMAN	6.50												
TRUSTEE	0.30	х						0.	0.				
(129) ELISABETH W. SHERMAN	0.90												
TRUSTEE		х						0.	0.				
(130) MICHAEL D. SIEGAL	0.50												
TRUSTEE	0.30	х						0.	0.				
(131) SCOTT SIMON	1.70												
TRUSTEE	2.20	х						0.	0.				
(132) RABBI JOSHUA SKOFF	0.50												
RUSTEE UNTIL 4/20/2021		х	<u> </u>		<u> </u>			0.	0.				
(133) MICHAL SOCLOF	0.50												
TRUSTEE	0.10	х						0.	0.				
(134) ERICA G. STARRFIELD	0.70												
RUSTEE		х						0.	0.				
(135) BRIAN S. STEIN	0.50												
TRUSTEE UNTIL 4/20/2021	0.50	X						0.	0.				
(136) TODD STEIN	0.50								0				
TRUSTEE	1 10	X						0.	0.				
	1.10								0				
TRUSTEE	2.10	Х						0.	0.				
(138) RICHARD URIA	0.80												
TRUSTEE	0.50	X						0.	0.				
(139) AMY L. WAIN	0.50								0				
TRUSTEE UNTIL 4/20/2021	0.50	X						0.	0.				
(140) PENNI WEINBERG TRUSTEE	0.50	x						0	0				
(141) RACHEL WEINBERG	0.70	~						0.	0.				
TRUSTEE UNTIL 4/20/2021	0.70	x						0.	0.				
	0.50	^	-					<u>.</u>	υ.				
(142) STEPHEN J. WEINBERG TRUSTEE	0.50	x						0.	0.				
(143) JUDITH WEISS	0.50	^	-		-	-		· · ·	Ű.				
RUSTEE	0.30	x						0.	0.				
144) MORRY WEISS	0.50	A			-	-		0.	υ.				
RUSTEE	0.30	x						0.	0.				
(145) SALLY H. WERTHEIM	0.50	^	-		-	<u> </u>			υ.				
RUSTEE	0.50	x						0.	0.				
146) ADAM L. WIEDER	0.30	^	-		-	-		· · ·	Ű.				
RUSTEE UNTIL 4/20/2021	0.70	x						0.	0.				
KODIE UNITE 4/20/2021		Δ						U.	υ.				

TRUSTEE(148) JEFFREY J. WILD0TRUSTEE0(149) JUDY WILLENSKY0TRUSTEE0(150) MITCH WOLF0TRUSTEE0(151) NANCY G. WOLF1TRUSTEE0(151) NANCY G. WOLF1TRUSTEE0(152) WARREN L. WOLFSON1TRUSTEE UNTIL 4/20/20210(153) JASON A. WULIGER0TRUSTEE0(154) SANDRA WULIGER1TRUSTEE0(155) TIMOTHY F. WULIGER1TRUSTEE0(156) ALAN E. YANOWITZ0TRUSTEE UNTIL 4/20/20210(157) DONNA YANOWITZ0TRUSTEE0(158) DARRELL A. YOUNG0TRUSTEE0(159) ANDREW ZELMAN0TRUSTEE0(160) DON ZIGDON0TRUSTEE0TRU	ge s (1)y for d tions v .50 .50 .00 .10 .20 .50 .50	stee or director		(C Pos	C) ition			(D) Reportable compensation from the organization (W-2/1099-MISC) 0. 0.	(E) Reportable compensation from related organizations (W-2/1099-MISC) 0. 0.	from the organization and related organizations
hour per wee (list a hours relate organizz belo line(147) DANIELLE J. WILD0(148) JEFFREY J. WILD0FRUSTEE0(149) JUDY WILLENSKY0TRUSTEE0(150) MITCH WOLF0TRUSTEE0(151) NANCY G. WOLF1TRUSTEE0(152) WARREN L. WOLFSON1TRUSTEE0(153) JASON A. WULIGER0TRUSTEE0(154) SANDRA WULIGER0TRUSTEE0(155) TIMOTHY F. WULIGER1TRUSTEE0(156) ALAN E. YANOWITZ0TRUSTEE0(157) DONNA YANOWITZ0TRUSTEE0(158) DARRELL A. YOUNG0TRUSTEE0(159) ANDREW ZELMAN0TRUSTEE0(159) ANDREW ZELMAN0TRUSTEE0(150) DON ZIGDON0TRUSTEE0(161) SARAH ZIMMERMAN0	s (1) for d tions v .50 .90 .10 .00 .10 .20 .50 .50	X X X X X X X X X X X X X X X X X X X	heck	all 1	that	appl	-	compensation from the organization (W-2/1099-MISC) 0. 0.	compensation from related organizations (W-2/1099-MISC) 0. 0.	amount of other compensation from the organization and related organizations
per wee (list a hours relate organiza belo line(147) DANIELLE J. WILD0(148) JEFFREY J. WILD0(148) JEFFREY J. WILD0(149) JUDY WILLENSKY0(149) JUDY WILLENSKY0(150) MITCH WOLF0(151) NANCY G. WOLF1(151) NANCY G. WOLF1(152) WARREN L. WOLFSON1(152) WARREN L. WOLFSON1(153) JASON A. WULIGER0(154) SANDRA WULIGER0(155) TIMOTHY F. WULIGER1(155) TIMOTHY F. WULIGER1(156) ALAN E. YANOWITZ0(157) DONNA YANOWITZ0(158) DARRELL A. YOUNG0(159) ANDREW ZELMAN0(159) ANDREW ZELMAN0(160) DON ZIGDON0(161) SARAH ZIMMERMAN0	 	X X X X X X X X X X X X X X X X X X X					-	from the organization (W-2/1099-MISC) 0. 0.	from related organizations (W-2/1099-MISC) 0. 0.	other compensation from the organization and related organizations 0
wee (list a hours relate organiza belo line(147) DANIELLE J. WILD0FRUSTEE0(148) JEFFREY J. WILD0FRUSTEE0(149) JUDY WILLENSKY0FRUSTEE0(150) MITCH WOLF0FRUSTEE0(151) NANCY G. WOLF1FRUSTEE0(152) WARREN L. WOLFSON1FRUSTEE0(153) JASON A. WULIGER0FRUSTEE0(154) SANDRA WULIGER0FRUSTEE0(155) TIMOTHY F. WULIGER1FRUSTEE0(156) ALAN E. YANOWITZ0FRUSTEE0(157) DONNA YANOWITZ0FRUSTEE0(158) DARRELL A. YOUNG0FRUSTEE0(159) ANDREW ZELMAN0FRUSTEE0(159) ANDREW ZELMAN0FRUSTEE0(150) DON ZIGDON0FRUSTEE0(161) SARAH ZIMMERMAN0	ny for d tions v .50 .50 .00 .10 .20 .50 .50	x x x x x x	Institutional trastee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC) 0. 0.	organizations (W-2/1099-MISC) 0. 0.	Estimated amount of other compensation from the organizations 0. 0.
(list a hours relate organiza belo line(147) DANIELLE J. WILD0fRUSTEE0(148) JEFFREY J. WILD0FRUSTEE0(149) JUDY WILLENSKY0fRUSTEE0(150) MITCH WOLF0FRUSTEE0(151) NANCY G. WOLF1fRUSTEE0(152) WARREN L. WOLFSON1fRUSTEE0(153) JASON A. WULIGER0fRUSTEE0(154) SANDRA WULIGER0fRUSTEE0(155) TIMOTHY F. WULIGER1fRUSTEE0(156) ALAN E. YANOWITZ0fRUSTEE0(157) DONNA YANOWITZ0fRUSTEE0(158) DARRELL A. YOUNG0fRUSTEE0(159) ANDREW ZELMAN0fRUSTEE0(160) DON ZIGDON0fRUSTEE0(161) SARAH ZIMMERMAN0	ny for d tions v .50 .50 .00 .10 .20 .50 .50	x x x x x x	Institutional trustee	Officer	Key employee	Highest compensated employe	Former	organization (W-2/1099-MISC) 0. 0.	(W-2/1099-MISC) 0. 0.	from the organization and related organizations
hours relate organiza belo line(147) DANIELLE J. WILD0(148) JEFFREY J. WILD0PRUSTEE0(149) JUDY WILLENSKY0(149) JUDY WILLENSKY0(150) MITCH WOLF0(151) NANCY G. WOLF1PRUSTEE0(152) WARREN L. WOLFSON1PRUSTEE0(152) WARREN L. WOLFSON1PRUSTEE0(153) JASON A. WULIGER0PRUSTEE0(154) SANDRA WULIGER0PRUSTEE0(155) TIMOTHY F. WULIGER1PRUSTEE0(156) ALAN E. YANOWITZ0PRUSTEE0(157) DONNA YANOWITZ0PRUSTEE0(158) DARRELL A. YOUNG0PRUSTEE0(159) ANDREW ZELMAN0PRUSTEE0(159) ANDREW ZELMAN0PRUSTEE0(150) DON ZIGDON0PRUSTEE0(161) SARAH ZIMMERMAN0	50 50 50 50 .50 .00 .10 .00 .10 .50 .50 .50	x x x x x x	Institutional trustee	Officer	Key employee	Highest compensated em	Former	(W-2/1099-MISC) 0. 0.	0.	organization and related organizations 0
relate organiza belo line(147) DANIELLE J. WILD0RUSTEE0(148) JEFFREY J. WILD0(149) JUDY WILLENSKY0(149) JUDY WILLENSKY0(149) JUDY WILLENSKY0(150) MITCH WOLF0(151) NANCY G. WOLF1(152) WARREN L. WOLFSON1(152) WARREN L. WOLFSON1(153) JASON A. WULIGER0(154) SANDRA WULIGER0(155) TIMOTHY F. WULIGER1(156) ALAN E. YANOWITZ0(157) DONNA YANOWITZ0(158) DARRELL A. YOUNG0(159) ANDREW ZELMAN0(150) DON ZIGDON0(161) SARAH ZIMMERMAN0	d tions v .50 .50 .70 .00 .10 .20 .50 .50	x x x x x x	Institutional trustee	Officer	Key em ployee	Highest compensate	Former	0. 0. 0.	0.	and related organizations 0
belo(147) DANIELLE J. WILD0PRUSTEE0(148) JEFFREY J. WILD0PRUSTEE0(149) JUDY WILLENSKY0(149) JUDY WILLENSKY0PRUSTEE0(150) MITCH WOLF0PRUSTEE0(151) NANCY G. WOLF1PRUSTEE0(152) WARREN L. WOLFSON1PRUSTEE0(153) JASON A. WULIGER0PRUSTEE0(154) SANDRA WULIGER0PRUSTEE0(155) TIMOTHY F. WULIGER1PRUSTEE0(156) ALAN E. YANOWITZ0PRUSTEE0(157) DONNA YANOWITZ0PRUSTEE0(158) DARRELL A. YOUNG0PRUSTEE0(159) ANDREW ZELMAN0PRUSTEE0(160) DON ZIGDON0PRUSTEE0(161) SARAH ZIMMERMAN0	v .50 .90 .10 .70 .00 .20 .50 .50	x x x x x x	Institutional tr	Officer	Key employee	Highest com p	Former	0.	0.	0
line(147) DANIELLE J. WILD0PRUSTEE0(148) JEFFREY J. WILD0PRUSTEE0(149) JUDY WILLENSKY0PRUSTEE0(150) MITCH WOLF0PRUSTEE0(151) NANCY G. WOLF1PRUSTEE0(152) WARREN L. WOLFSON1PRUSTEE UNTIL 4/20/20210(153) JASON A. WULIGER0PRUSTEE0(154) SANDRA WULIGER0PRUSTEE0(155) TIMOTHY F. WULIGER1PRUSTEE0(156) ALAN E. YANOWITZ0PRUSTEE UNTIL 4/20/20210(157) DONNA YANOWITZ0PRUSTEE0(158) DARRELL A. YOUNG0PRUSTEE0(159) ANDREW ZELMAN0PRUSTEE UNTIL 4/20/20210(160) DON ZIGDON0PRUSTEE0(161) SARAH ZIMMERMAN0	.50 .50 .10 .70 .00 .20 .50	x x x x x x	Institutio	Officer	Key emp	Highest	Former	0.	0.	0
(147) DANIELLE J. WILD0FRUSTEE0(148) JEFFREY J. WILD0FRUSTEE0(149) JUDY WILLENSKY0FRUSTEE0(150) MITCH WOLF0FRUSTEE0(151) NANCY G. WOLF1FRUSTEE0(151) NANCY G. WOLF1FRUSTEE0(152) WARREN L. WOLFSON1FRUSTEE UNTIL 4/20/20210(153) JASON A. WULIGER0FRUSTEE0(154) SANDRA WULIGER0FRUSTEE0(155) TIMOTHY F. WULIGER1FRUSTEE0(156) ALAN E. YANOWITZ0FRUSTEE0(157) DONNA YANOWITZ0FRUSTEE0(158) DARRELL A. YOUNG0FRUSTEE0(159) ANDREW ZELMAN0FRUSTEE UNTIL 4/20/20210(160) DON ZIGDON0FRUSTEE0(161) SARAH ZIMMERMAN0	.50 .90 .10 .70 .00 .20 .50	x x x x x x		04	Ke	High	For	0.	0.	0
PRUSTEE(148) JEFFREY J. WILD0PRUSTEE0(149) JUDY WILLENSKY0PRUSTEE0(150) MITCH WOLF0PRUSTEE0(151) NANCY G. WOLF1PRUSTEE0(151) NANCY G. WOLF1PRUSTEE0(152) WARREN L. WOLFSON1PRUSTEE UNTIL 4/20/20210(153) JASON A. WULIGER0PRUSTEE0(154) SANDRA WULIGER0PRUSTEE0(155) TIMOTHY F. WULIGER1PRUSTEE0(156) ALAN E. YANOWITZ0PRUSTEE UNTIL 4/20/20210(157) DONNA YANOWITZ0PRUSTEE0(158) DARRELL A. YOUNG0PRUSTEE0(159) ANDREW ZELMAN0PRUSTEE UNTIL 4/20/20210(160) DON ZIGDON0PRUSTEE0(161) SARAH ZIMMERMAN0	.50 .90 .10 .70 .00 .10 .20 .50	x x x x						0.	0.	0
(148) JEFFREY J. WILD0FRUSTEE0(149) JUDY WILLENSKY0PRUSTEE0(150) MITCH WOLF0FRUSTEE0(151) NANCY G. WOLF1PRUSTEE0(152) WARREN L. WOLFSON1PRUSTEE UNTIL 4/20/20210(153) JASON A. WULIGER0PRUSTEE0(154) SANDRA WULIGER0PRUSTEE0(155) TIMOTHY F. WULIGER1PRUSTEE0(156) ALAN E. YANOWITZ0PRUSTEE UNTIL 4/20/20210(157) DONNA YANOWITZ0PRUSTEE0(158) DARRELL A. YOUNG0PRUSTEE UNTIL 4/20/20210(159) ANDREW ZELMAN0PRUSTEE UNTIL 4/20/20210(160) DON ZIGDON0PRUSTEE0(161) SARAH ZIMMERMAN0	.90 .10 .70 .00 .10 .20 .50	x x x x						0.	0.	0
TRUSTEE(149) JUDY WILLENSKY(149) JUDY WILLENSKY(150) MITCH WOLF(150) MITCH WOLF(151) NANCY G. WOLF(151) NANCY G. WOLF(151) NANCY G. WOLF(152) WARREN L. WOLFSON(152) WARREN L. WOLFSON(153) JASON A. WULIGER(153) JASON A. WULIGER(154) SANDRA WULIGER(154) SANDRA WULIGER(155) TIMOTHY F. WULIGER(155) TIMOTHY F. WULIGER(156) ALAN E. YANOWITZ(157) DONNA YANOWITZ(157) DONNA YANOWITZ(158) DARRELL A. YOUNG(159) ANDREW ZELMAN(160) DON ZIGDON(161) SARAH ZIMMERMAN	.90 .10 .70 .00 .10 .20 .50	x x x x						0.	0.	
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ar	t VII									
		Check if Schedule O c	conta	ins a respo	nse	or note to any line	e in this Part VIII			[
							(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
S	1 a	Federated campaigns		1a		1,318,712.				
and Other Similar Amounts		Membership dues								
Ĕ		Fundraising events								
ar A		Related organizations				16,882,328.				
Ē	е	Government grants (contri	ibutio	ons) 1e		1,892,164.				
5	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	abov	e 1f		72,868,189.				
g	g	Noncash contributions included in	lines 1	a-1f 1g S	\$	31,152,183.				
an	h	Total. Add lines 1a-1f					92,961,393.			
						Business Code				
	2 a									
ne	b									
ven										
Hevenue	d e									
		All other program service	rever							
		Total. Add lines 2a-2f								
	3	Investment income (incluc								
		other similar amounts)				►	6,067,754.			6,067,7
	4	Income from investment of	of tax	exempt bo	nd p	roceeds 🕨 🕨				
	5	Royalties								
				(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	67,6						
		Less: rental expenses	6b	29,4						
		Rental income or (loss)	6c	38,1	.33.		20.422			20.1
		Net rental income or (loss)) 				38,133.			38,1
	7 a	Gross amount from sales of	-	(i) Securit		(ii) Other				
	Ь	assets other than inventory 7a 25,826,7 Less: cost or other basis		20.	27,750,700.					
	D	and sales expenses	76	25 619 0)52.	16 425 752.				
	c	Gain or (loss)	7c	207.6	574.	11,373,034.				
		Net gain or (loss)	· · · ·				11,580,708.			11,580,7
		Gross income from fundraisir								, ,
		including \$								
		contributions reported on	line [.]	1c). See						
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	с	Net income or (loss) from	fundi	aising ever	nts	►				
	9 a	Gross income from gamin								
		Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b					
		Net income or (loss) from			s	▶				
	iu a	Gross sales of inventory, l			10-					
	h	and allowances Less: cost of goods sold			10a 10b					
		Net income or (loss) from								
╈	Ū		54100		· J	Business Code				
	11 a	SUP ORG/AFF AGCY FE	ES			900099	982,974.	982,974.		
nue	b	PROGRAM FEES				900099	664,049.	664,049.		
eve	с	AGENCY SUPPORT			_	900099	395,372.	395,372.		
Kevenue	d	All other revenue				900099	330,389.	194,563.	135,826.	
				<u></u>			2,372,784.			
		Total revenue. See instruction					113,020,772.	2,236,958.	135,826.	17,686,5

$09530516 \ 130236 \ 34-0714445$

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2020.05095 JEWISH FEDERATION OF CLEV 34-07142

JEWISH FEDERATION OF CLEVELAND

34-0714445 Page 10

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 (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 65,177,552 65,177,552 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 498,561 498,561. Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 1,724,612, 413,907. 551,876. 758,829. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 9,026,033. 3,517,135. 1,953,982. 3,554,916. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,009,036 373,876. 239,258 395,902. 1,276,677 510,550, 296,586 469,541. 9 Other employee benefits 711,625. 285,763 185,099 240,763. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 159,438, 870. 101,076 57,492. b Legal 174,119. 174,119 С Accounting Lobbying d 5,018. 5,018. Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 841,488 749,271 92,217 column (A) amount, list line 11g expenses on Sch O.) 204,192 48,130, 17,340 138,722. Advertising and promotion 12 153,525. 208,718 69,669 431,912. 13 Office expenses 468,977, 89,106. 98,485 281,386. Information technology 14 Royalties 15 311,744 60,025, 117,070 134,649. 16 Occupancy 15,670 84,051 64,611, 3,770. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 239,433. 126,757. 3,944. 108,732. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 943,191 188,474. 236,412 518,305. 22 Depreciation, depletion, and amortization 299,614 19,413. 236,341 43,860. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) MISC. OPERATING & ENDOW 263,249 64,181. 144,956 54,112. а OHIO JEWISH COMMUNITIES 129,988 129,988. b С d All other expenses е 83,980,510 6,919,522. Total functional expenses. Add lines 1 through 24e 72,526,888 4,534,100 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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032010 12-23-20

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

 $09530516 \ 130236 \ 34-0714445$

							,
	1	Cash - non-interest-bearing			7,537.	1	30,118.
	2	Savings and temporary cash investments			18,612,667.	2	30,696,413.
	3	Pledges and grants receivable, net			26,242,022.	3	26,504,573.
	4	Accounts receivable, net			405,944.	4	1,715,421.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualifi	-				
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · ·	3,003,262.	7	2,735,810.
Assets	8	Inventories for sale or use			6,420.	8	4,890.
As	9				354,247.	9	310,792.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	21,155,241.			
	b			9,848,171.	13,935,450.	10c	11,307,070.
	11	Investments - publicly traded securities			111,482,536.	11	141,592,082.
	12	Investments - other securities. See Part IV, line 1			198,565,617.	12	240,742,708.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			106,400,401.	15	133,945,778.
	16	Total assets. Add lines 1 through 15 (must equa			479,016,103.	16	589,585,655.
	17	Accounts payable and accrued expenses			13,142,235.	17	10,275,758.
	18	Grants payable			10,032,726.	18	6,421,243.
	19	Deferred revenue				19	
	20	—				20	
	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
s	22	Loans and other payables to any current or form	er officer	, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial cor	ntributor, or 35%			
abi		controlled entity or family member of any of these	e person	s		22	
	23	Secured mortgages and notes payable to unrelate	ed third	parties		23	
	24	Unsecured notes and loans payable to unrelated	third par	rties	1,892,164.	24	2,000,000.
	25	Other liabilities (including federal income tax, pay	ables to	related third			
		parties, and other liabilities not included on lines	17-24). C	Complete Part X			
		of Schedule D		·····	56,749,848.	25	72,170,797.
	26				81,816,973.	26	90,867,798.
6		Organizations that follow FASB ASC 958, check	ck here				
ces		and complete lines 27, 28, 32, and 33.					
Ilan	27	Net assets without donor restrictions			238,032,357.	27	301,429,404.
l Be	28	Net assets with donor restrictions			159,166,773.	28	197,288,453.
nnc		Organizations that do not follow FASB ASC 95	68, check	k here 🕨 📃			
Ē		and complete lines 29 through 33.					
ts c	29		······ -		29		
Net Assets or Fund Balanc	30	Paid-in or capital surplus, or land, building, or eq			30		
t A:	31	Retained earnings, endowment, accumulated inc			200 400 400	31	400 515 055
Ne	32	Total net assets or fund balances			397,199,130.	32	498,717,857.
	33	Total liabilities and net assets/fund balances			479,016,103.	33	589,585,655.

JEWISH FEDERATION OF CLEVELAND

Check if Schedule O contains a response or note to any line in this Part X

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(B) End of year

Form 990 (2020)

(A) Beginning of year

Page **11**

Form 990 (2020) Part X Balance Sheet

Form	990 (2020) JEWISH FEDERATION OF CLEVELAND	34-07144	45	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	113,	020,	772.
2	Total expenses (must equal Part IX, column (A), line 25)	2	83,	980,	510.
3	Revenue less expenses. Subtract line 2 from line 1	3	29,	040,	262.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	397,	199,	130.
5	Net unrealized gains (losses) on investments	5	62,	643,	986.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	9,	834,	479.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	498,	717,	857.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X 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 oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		(0000)

Form **990** (2020)

032012 12-23-20

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

OMB No. 1545-0047	
2020	

Depa	rtment o	f the Treasury			47(a)(1) nonexempt cha Attach to Form 990 or F					Open to Public
Interr	al Rever	nue Service			v/Form990 for instruction			nformation.		Inspection
Nan	ne of t	the organizati	on						Employer	identification number
				I FEDERATION OF						34-0714445
Pa	irt I	Reason	for Public (Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.	
The	organ	ization is not a	private found	lation because it is: (For lines 1 through 12, c	neck only	one box.)			
1		A church, cor	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	1)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	1 990 or 99	90-EZ).)			
3		•	•		anization described in se			•		
4				ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and state	-							
5					llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
6				Complete Part II.)	nontal unit described in	nontion 1	70/6//4//4/	(.)		
6 7	X		-	-	nental unit described in a				a gonoral i	aublia dagaribad in
'		-		omplete Part II.)	ntial part of its support fr	on a gove	ennentai		le general j	
8		-			(1)(A)(vi). (Complete Par	+ II)				
9	\square	-			in section 170(b)(1)(A)(ed in conii	inction with a	land-grant	college
Ū		-	-		ulture (see instructions).				-	-
		university:					·····, -··,	,		
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
					t to certain exceptions; a					
		income and ι	Inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the ore	anization a	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclus	ively to test for public sat	ety. See	section 50	09(a)(4).		
12		-	•	-	ively for the benefit of, to				•	
				-	ed in section 509(a)(1) o					Check the box in
		7	-	• •	f supporting organizatior		-		-	
а				-	upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	ipporting
b		¬ ~		complete Part IV, Se	l or controlled in connect	ion with it	o ou no orto	d organizatio	n(a) by bay	(in a
N	·			-	anization vested in the sa			-		-
			0	at complete Part IV,		ane perso	113 11121 00		ge the supp	Joned
с		¬ ~		-	g organization operated	in connect	tion with, a	and functiona	lv integrate	ed with
-			-	• • • •). You must complete I				.,	
d			•		oorting organization oper				ted organiz	zation(s)
		that is not f	unctionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	I an attentiv	/eness
		requiremen	t (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this	box if the orga	anization received a	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	r Type III non-functio	nally integrated supportin	ng organiz	ation.			
f	Ente	er the number	of supported o	organizations						
<u> </u>		vide the followi i) Name of support		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	fmonetany	(vi) Amount of other
	ſ	organization			(described on lines 1-10	in your govern	ing document?	support (see ii	-	support (see instructions)
			-		above (see instructions))	Yes	No		,	
				1			1	1		1

Total

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 JEWISH FEDERATION OF CLEVELAND

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

 (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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	90,509,043.	99,209,228.	82,757,097.	63,606,439.	92,961,393.	429,043,200.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	90,509,043.	99,209,228.	82,757,097.	63,606,439.	92,961,393.	429,043,200.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						102,651,139.
6	Public support. Subtract line 5 from line 4.						326,392,061.
Sec	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	90,509,043.	99,209,228.	82,757,097.	63,606,439.	92,961,393.	429,043,200.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,326,537.	6,904,769.	6,912,620.	6,637,075.	6,135,380.	32,916,381.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	102,004.	30,832.	875,802.	112,420.	135,826.	1,256,884.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	204,352.					204,352.
11	Total support. Add lines 7 through 10						463,420,817.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	6,781,755.
13	First 5 years. If the Form 990 is for th			fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	-					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	70.43 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	66.75 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c				
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						▶□
18	Private foundation. If the organization						s ►
						edule A (Form 990	

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Schedule A (Form 990 or 990-EZ) 2020 JEWISH FEDERATION OF CLEVELAND

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	<u>, picace comp</u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8 See	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
_							>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20 Investment income percentage from a					17 18	<u>%</u>
18	33 1/3% support tests - 2020. If the					· · · · · · · · · · · · · · · · · · ·	
192	more than 33 1/3%, check this box ar						
F	33 1/3% support tests - 2019. If the						
Ľ	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-25-21	ala not oncon a	25/ 011 110 14, 10	<u>., ., ., ., ., ., ., ., ., ., ., ., ., .</u>			0 or 990-EZ) 2020
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1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 7? *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.**
- c 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.
- **10a** 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 line 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.)

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Part IV Supporting Organizations (continued)

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Yes No

Yes No

Yes No

2

1

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		I
	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, <u>supervised, or controlled the supporting organization.</u>

Section C. Type II Supporting Organizations

		_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s)	

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior 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 provided?	1		
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).	2		
3	By reason of the relationship described in line 2, above, 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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see in	struction <u>s).</u>
------------	--	---	--	----------------------

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- 2 Activities Test. Answer lines 2a and 2b below.
- 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 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 that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

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2a

2b

3a

3b

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art V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organi	zations	
I Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instruction
All other Type III non-functionally integrated supporting organizations mu	<u>st complete S</u>	Sections A through E.	
ection 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		
8 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		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
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 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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
3 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020	JEWISH	FEDERATION	OF	CLEVELAND

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u> i </u>	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	Form 990 or 990-EZ) 2020 JEWISH FEDERATION OF CLEVELAND	34-0714445	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a 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 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 IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2b, 3b, and 3b; Part V, line 1; Part IV, line 1; Part IV, Section E, lines 1c, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2b, 3b, 3b, and 3b; Part V, line 1; Part IV, lin	s 1 and 2; Part IV, Section	on C,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	ional information.	ant v,
SECTION B	LINE 10 - OTHER INCOME		
INCLUDES 1	MISCELLANEOUS REVENUE FROM FROM 990, PART VIII LINE 11 C AND		
11D NOT R	EQUIRED TO BE INCLUDED ELSEWHERE IN SUPPORT. INCLUDES		
MISCELLAN	EOUS OTHER INCOME.		
032028 01-25-2		dule A (Form 990 or 990)-EZ) 202(
30516 1	27 2020.05095 JEWISH FEDERAS		34-07

SCHEDULE B, SCHEDULE OF CONTRIBUTORS, HAS BEEN OMITTED BUT WILL BE INCLUDED IN THE TAX RETURN FILED WITH THE INTERNAL REVENUE SERVICE.

	SCHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047				
(Form 990 or 990-EZ)				-	-	ついつし			
		For Org	anizations Exempt From Income	Tax Under section 5	Jnder section 501(c) and section 527				
Depar	tment of the Treasury	Complete	if the organization is described	below. 🕨 Attach to	Form 990 or Form 990-	EZ. Open to Public			
	al Revenue Service		io to www.irs.gov/Form990 for i	nstructions and the la	atest information.	Inspection			
lf th	e organization answ	vered "Yes," on	Form 990, Part IV, line 3, or Form	m 990-EZ, Part V, line	e 46 (Political Campaigr	Activities), then			
• (Section 501(c)(3) org	anizations: Com	plete Parts I-A and B. Do not com	olete Part I-C.					
• :	Section 501(c) (other	than section 50	1(c)(3)) organizations: Complete P	arts I-A and C below. I	Do not complete Part I-B.				
• :	Section 527 organiza	ations: Complete	Part I-A only.						
If the	e organization answ	vered "Yes," on	Form 990, Part IV, line 4, or Form	m 990-EZ, Part VI, lin	e 47 (Lobbying Activitie	s), then			
• 5	Section 501(c)(3) org	anizations that h	nave filed Form 5768 (election und	er section 501(h)): Cor	mplete Part II-A. Do not c	omplete Part II-B.			
• (Section 501(c)(3) org	anizations that h	nave NOT filed Form 5768 (electior	n under section 501(h)): Complete Part II-B. Do	not complete Part II-A.			
If the	e organization answ	vered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate ir	structions) or Form 990)-EZ, Part V, line 35c (Proxy			
Tax)	(See separate inst	ructions), then							
-		, or (6) organizat	ions: Complete Part III.						
Nam	e of organization				Em	ployer identification number			
			ERATION OF CLEVELAND			34-0714445			
Pa	rt I-A Comple	ete if the org	anization is exempt under	section 501(c) o	r is a section 527 o	rganization.			
	Volunteer hours for								
	-		anization is exempt under		•	•			
			incurred by the organization under			\$			
		•	incurred by organization managers		▶				
			n 4955 tax, did it file Form 4720 fo						
	If "Yes," describe in								
_			anization is exempt under	section 501(c).	except section 501	c)(3).			
1	-		by the filing organization for secti		-				
			ization's funds contributed to othe			·			
	exempt function ac	tivities		0	►	\$			
3			. Add lines 1 and 2. Enter here and						
	line 17b					\$			
4			1120-POL for this year?						
			ployer identification number (EIN)						
			ion listed, enter the amount paid f						
			omptly and directly delivered to a s			ate segregated fund or a			
	political action com	mittee (PAC). If a	additional space is needed, provid	e information in Part IV	<i>V</i> .				
	(a) Name	•	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and			

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Schedule C (Form 990 or	990-F7) 2020	JEWISH	FEDERATION	OF	CLEVELAND
Schedule C (F0111 990 01	330°EZ) 2020	OFMIOU	FEDERALION	Or	CUEAEDAND

Part	t II-A Complete if the org	ganization is exer	npt under section	1 501(c)(3) and file	d Form 5768 (ele	ction under
	section 501(h)).					
A Ch	eck 🕨 🔲 if the filing organiza	ation belongs to an affi	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and sha	re of excess lobbying e	expenditures).			
B Che	eck 🕨 🔄 if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.		
		its on Lobbying Expe ditures" means amou	nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a ⁻	Total lobbying expenditures to infl	uence public opinion (grassroots lobbying)			
b	Total lobbying expenditures to infl	uence a legislative boo	ly (direct lobbying)		194,871.	
С					194,871.	
	Other exempt purpose expenditur				72,332,017.	
е	Total exempt purpose expenditure				72,526,888.	
	Lobbying nontaxable amount. Ent				1,000,000.	
	If the amount on line 1e, column (a) (or (b) is: The lob	bying nontaxable amo	ount is:		
	Not over \$500,000	20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
	<u>Over \$1,500,000 but not over \$17</u>	,000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
	Over \$17,000,000	\$1,000,	000.			
g	Grassroots nontaxable amount (er	nter 25% of line 1f)			250,000.	
h	Subtract line 1g from line 1a. If zei	ro or less, enter -0-			0.	
i i	Subtract line 1f from line 1c. If zer	o or less, enter -0			0.	
j	If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiza	ation file Form 4720	_	
	reporting section 4911 tax for this	year?				Yes No
	(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not H ate instructions for lin	nave to complete all o	of the five columns be	low.
		Lobbying Expe	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total

2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	186,238.	193,181.	204,363.	194,871.	778,653.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	ı)	(b)
of the lobbying activity.	Yes	No	Amo	unt
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?			_	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	າ 501(c)(ຮ້	ō), or seo	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."				3, is
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	SS			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	litical			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (See instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, SECTION 501(H) AVERAGING STATEMENT:	list); Part II-/	A, lines 1 a	nd 2 (See	
THE JEWISH FEDERATION OF CLEVELAND HAS FILED FORM 5768 TO ELECT				
PROVISIONS OF SECTION 501(H) EFFECTIVE BEGINNING WITH THE YEAR ENDING				
6/30/2008.				

SCHEDULE D)
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Department of the Treasury

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.



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Ν	ame	of	the	ora	anizat	ion

Employer identification number

	JEWISH FEDERATION OF CLEVEL	34-0714445				
Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	803	11			
2	Aggregate value of contributions to (during year)	45,812,285.	0.			
3	Aggregate value of grants from (during year)	32,961,403.	196,541.			
4	Aggregate value at end of year	129,657,999.	6,461,094.			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	d funds			
	are the organization's property, subject to the organization's e	exclusive legal control?	X Yes No			
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring			
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, P	art IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recreat	ion or education) Preservation of a	a historically important land area			
	Protection of natural habitat	Preservation of a	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	f a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic stru	icture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a	e				
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	organization during the tax			
	year ►					
4	Number of states where property subject to conservation eas	ement is located				
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it	holds?	YesNo			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conse	ervation easements during the year			
	▶					
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year			
	\$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemer	nts that describes the			
De	organization's accounting for conservation easements.	Art Historical Traceruras or Oth	or Cimilar Acasta			
Pa	t III Organizations Maintaining Collections of		ier Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	-				
	of art, historical treasures, or other similar assets held for pub	, ,	•			
	service, provide in Part XIII the text of the footnote to its finan					
b	If the organization elected, as permitted under FASB ASC 958					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,			
	provide the following amounts relating to these items:		N .			
	(i) Revenue included on Form 990, Part VIII, line 1					
-						
2	If the organization received or held works of art, historical trea		gain, provide			
	the following amounts required to be reported under FASB AS	0				
а	Revenue included on Form 990, Part VIII, line 1		• • •			

b Assets included in Form 990, Part X

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Schedule D (Form 990) 2020

		ERATION OF CLEVE					34-071		Page 2
Pa	t III Organizations Maintaining C	ollections of Art	t, Historical T	reasures, c	or Other	Similar	Assets	(contin	iued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of th	e following that	it make sig	nificant us	se of its		
	collection items (check all that apply):								
а	X Public exhibition	d	Loan or e	exchange progr	ram				
b	Scholarly research	е	Other						
с	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	how they furthe	r the organizati	on's exem	pt purpose	e in Part 3	KIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma							Yes	X No
Pa	t IV Escrow and Custodial Arran						Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa		C				·		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iarv for contributi	ons or other as	sets not in	cluded			
	on Form 990, Part X?						X	Yes	No
b	If "Yes," explain the arrangement in Part XIII								
			iennig tablet					Amount	ł
c	Beginning balance					1c			761,354.
	Additions during the year								267,850.
	Distributions during the year								105,066.
	Ending balance					1f		,	924,138.
	Did the organization include an amount on Fe							Yes	X No
	If "Yes," explain the arrangement in Part XIII.					y:] 103	
Pa		f the organization an	swered "Ves" on	Form 990 Par	+ IV line 1(<u></u> ז			
		(a) Current year	(b) Prior year				ars hack	(a) Four	years back
19	Beginning of year balance	158,888,075.				163,25			252,555.
		4,283,935.			0,843.		4,589.		521,697.
	Contributions Net investment earnings, gains, and losses	49,262,659.	768,43		7,952.		3,885.		219,181.
		1,710,732.	1,825,54		6,887.		3,055.		069,177.
	Grants or scholarships	1,710,752.	1,025,54	··· ·,··	0,007.	2,17	5,000.	<i>2</i> ,	
е	Other expenditures for facilities	3 979 926	7,113,18	1. 8,49	2 782	5 71	6,103.	6	109,116.
	and programs	640,973.	621,34		2,053.		2,767.		558,753.
	Administrative expenses	206,103,038.			0,009.	168,82			256,387.
	End of year balance				0,009.	100,02	2,950.	105,	230,307.
2	Provide the estimated percentage of the curr	ent year end balance 91.6700		(a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment 8.1800	%							
С	Term endowment .1500								
-	The percentages on lines 2a, 2b, and 2c sho	•							
за	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	and administe	ered for the	organizat	ion	Г	
	by:								Yes No
	(i) Unrelated organizations							3a(i)	X
_	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza			۲?				3b	
	Describe in Part XIII the intended uses of the to the total the second s		wment funds.						
Fai									
	Complete if the organization answere		· · · · ·		rí í				
	Description of property	(a) Cost or o	• •	ost or other		cumulated	1	(d) Bool	k value
		basis (investr	,	sis (other)	dep	reciation		-	
	Land),070.	1,741,643.					331,713.
	Buildings			13,746,038.		5,739,7	66.	8,	006,272.
с	Leasehold improvements								
d	Equipment			5,006,837.	1	4,061,0			945,758.
	Other			70,653.		47,3	26.		23,327.
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990. Part J	X. column (B), line	e 10c.)				11,	307,070.
						S	chedule	D (Form	n 990) 2020

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value		
	(B) DOOR VALUE	(c) Method of Valuation. Cost of ond of year market value		
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) FEDERATION MONEY FUND (ISRAEL BONDS)	6,013,968.	COST		
(B) FEDERATION MAIN INVESTMENT FUND -				
(C) (ALMANAC REALTY SECURITIES VIII LP)	452,197.	END-OF-YEAR MARKET VALUE		
(D) FEDERATION MAIN INVESTMENT FUND -				
(E) (BROOKFIELD STRTGIC REL EST PTNRS				
(F) II-B LP)	1,338,143.	END-OF-YEAR MARKET VALUE		
(G) FEDERATION MAIN INVESTMENT FUND -				
(H) (CEVIAN CAPITAL II LTD)	8,381,415.	END-OF-YEAR MARKET VALUE		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	240,742,708.			

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ARTWORK	559,755.
(2) ASSETS HELD FOR OTHER CHARITIES UNDER FASB 136	71,528,749.
(3) ASSETS HELD IN TRUST UNDER CHARITABLE TRUST AGREEMENTS	4,160,323.
(4) DUE FROM SUPPORTING FOUNDATIONS	12,991,953.
(5) LIFE INSURANCE POLICIES	6,987,921.
(6) RECEIVABLE FROM PERPETUAL AND LEAD TRUSTS	37,717,077.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	133,945,778.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	·
1 (a) Description of liability	(b) Book value

<u>1.</u>	(a) Description of hability	(b) BOOK value
(1)	Federal income taxes	
(2)	DUE TO COMM ON CEMETERY PRESERVATION	216,000.
(3)	ESTIMATED PAYABLE TO CGA BENEFICIARIES	426,048.
(4)	LIABILITY TO OTHER CHARITIES UNDER FASB 136	71,528,749.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	72,170,797.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

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Sche	dule D (Form 990) 2020 JEWISH FEDERATION OF CLEVELAND		34-0714445 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	• • • •	2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 18</i>		
	rt XIII Supplemental Information.	. <u> </u>	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1h and 2h	Part V line 4: Part X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		
PART	'III, LINE 4:		
	,		
FOR	THE EDUCATION AND ENJOYMENT OF VISITORS TO ITS BUILDING, S	THE	
FEDE	RATION COLLECTS ARTWORK FOR PUBLIC DISPLAY THROUGHOUT ITS	BUILDING	
AND	IN ITS PUBLIC GALLERY. SUCH PUBLIC DISPLAYS ARE JEWISH TH	EMED OR	
INTE	NDED TO CONVEY ARTISTS' CONNECTIONS TO JUDAISM AND ISRAEL	ีร	
CONN	IECTIONS TO THE ARTS.		

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PART IV, LINE 1B:

THE FEDERATION PERMITS OTHER JEWISH OR CLOSELY-RELATED CHARITABLE

501(C)(3) ORGANIZATIONS TO INVEST IN ITS INVESTMENT POOLS, UNDER A WRITTEN

INVESTMENT AGREEMENT. THOSE ORGANIZATIONS RETAIN OWNERSHIP OVER THEIR

INVESTMENT IN THE POOLS, AND THEREFORE, THOSE ASSETS ARE NOT REFLECTED IN

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Schedule D (Form 990) 2020

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Part XIII Supplemental Information (continued)

THE FEDERATION'S BALANCE SHEET CONTAINED IN FORM 990 PART X.

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED TO SUPPORT THE OPERATIONS OF THE FEDERATION. ITS

BENEFICIARY AGENCIES, AND OTHER JEWISH OR NON-JEWISH ORGANIZATIONS; TO

RESPOND TO EMERGENCY NEEDS; TO SUPPORT NEW COMMUNITY PROJECTS; OR TO

FULFILL THE DESIGNATED RELIGIOUS, EDUCATIONAL, SOCIAL SERVICE, CULTURAL,

OR OTHER CHARITABLE PURPOSES ESTABLISHED BY DONORS AT THE TIME OF THEIR

GIFT.

PART X, LINE 2:

INCOME TAXES - THE FEDERATION AND ITS SUPPORTING FOUNDATIONS ARE EXEMPT

FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE, EXCEPT ON UNRELATED BUSINESS INCOME. THE FEDERATION AND ITS

SUPPORTING FOUNDATIONS FOLLOW THE AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR

AND DISCLOSURE OF UNCERTAINTY IN INCOME TAXES WHICH PRESCRIBES THE MINIMUM

RECOGNITION THRESHOLD A TAX POSITION MUST MEET IN CONNECTION WITH

ACCOUNTING FOR UNCERTAINTIES IN INCOME TAX POSITIONS TAKEN OR EXPECTED TO

BE TAKEN BY AN ENTITY BEFORE BEING MEASURED AND RECOGNIZED IN THE

FINANCIAL STATEMENTS. NO INCOME TAX LIABILITY OR PROVISION FOR INCOME TAX

FOR UNCERTAIN TAX POSITIONS HAS BEEN RECOGNIZED IN THE ACCOMPANYING

CONSOLIDATED FINANCIAL STATEMENTS. HOWEVER, FORM 990 AND 990T FILED BY THE

FEDERATION AND ITS SUPPORTING FOUNDATIONS ARE SUBJECT TO EXAMINATION BY

THE INTERNAL REVENUE SERVICE ("IRS") UP TO THREE YEARS FROM THE EXTENDED

DUE DATE OF EACH RETURN. THE FEDERATION AND ITS SUPPORTING FOUNDATIONS

EXPENSE INTEREST AND PENALTIES AS INCURRED.

Schedule D (Form 990) 2020

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Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
FEDERATION MAIN INVESTMENT FUND - (CLEVELAND FEDERATION PE I LLC)	11,599,744.	FMV
FEDERATION MAIN INVESTMENT FUND - (CLEVELAND FEDERATION PE II LLC)	3,126,615.	FMV
FEDERATION MAIN INVESTMENT FUND - (COLCHESTER GLOBAL BD FD)	7,561,494.	FMV
FEDERATION MAIN INVESTMENT FUND - (DARLINGTON PARNTER, LP)	15,763,719.	FMV
FEDERATION MAIN INVESTMENT FUND - (ECM FEEDER FUND 1)	8,491,154.	FMV
FEDERATION MAIN INVESTMENT FUND - (HCIF OFFSHORE LP) FEDERATION MAIN INVESTMENT FUND - (INDEPENDENT FRANCHISE PARTNERS	4,979,939.	FMV
LP)	12,206,266.	FMV
FEDERATION MAIN INVESTMENT FUND - (ISRAEL BONDS) FEDERATION MAIN INVESTMENT FUND - (KABOUTER INTL OPPORTUNITIES	1,733,542.	COST
FUND II LLC)	4,738,324.	FMV
FEDERATION MAIN INVESTMENT FUND - (KILTEARN GLOBAL EQUITY FUND) FEDERATION MAIN INVESTMENT FUND - (OAKHILL DIVRSDIS CRDT STGS	7,251,209.	FMV
FUND) FEDERATION MAIN INVESTMENT FUND - (POLUNIN DEVELOPING COUNTRIES	6,438,054.	FMV
FUND LLC) FEDERATION MAIN INVESTMENT FUND - (SANDERSON INTERNATIONAL VALUE	7,257,642.	FMV
FUND)	6,911,515.	FMV
FEDERATION MAIN INVESTMENT FUND - (SHAWSPRING PARTNERS FUND LP) FEDERATION MAIN INVESTMENT FUND - (SILCHESTER INVSTRS INTL VALU	9,673,027.	FMV
EQTY TRUST) FEDERATION MAIN INVESTMENT FUND - (SSGA RUSSELL 1000 VALUE INDEX	8,097,844.	FMV
FUND)	12,019,436.	FMV
FEDERATION MAIN INVESTMENT FUND - (SSGA S&P 500 FUND)	12,002,527.	FMV
FEDERATION MAIN INVESTMENT FUND - (SSGA US AGGREGATE BOND FUND) FEDERATION MAIN INVESTMENT FUND - (TOWNSEND REAL ESTATE ALPHA FUND	9,776,950.	FMV
II LP) FEDERATION MAIN INVESTMENT FUND - (TOWNSEND REAL ESTATE ALPHA FUND	1,287,325.	FMV
III LP)	633,795.	FMV
FEDERATION MAIN INVESTMENT FUND - (TOWNSEND REAL ESTATE FUND LP)	4,787,075.	FMV
FEDERATION MAIN INVESTMENT FUND - (VIKING LONG FUND III LTD)	17,717,108.	FMV
FEDERATION MAIN INVESTMENT FUND - (WGI EMERGING MARKETS FUND LLC)	15,244,887.	FMV
FEDERATION MKT ALT PROGRAM - (BLACKLIGHT POWER INC) FEDERATION MKT ALT PROGRAM - (CANYON VALUE REALIZATION FUND	5,482.	FMV
(CAYMAN) LTD)	1,958,850.	FMV
FEDERATION MKT ALT PROGRAM - (DAVIDSON KEMPNER INTL (BVI) LTD)	1,353,874.	FMV

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(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)	. ,	Cost or end-of-year market value
EDERATION MKT ALT PROGRAM - (FALCON EDGE GLOBAL LTD)	217,187.	FMV
EDERATION MKT ALT PROGRAM - (HALF SKY FUND LTD)	3,029,094.	FMV
EDERATION MKT ALT PROGRAM - (HENGISTBURY FUND LIMITED)	2,266,712.	FMV
EDERATION MKT ALT PROGRAM - (KONTIKI OFFSHORE FUND)	3,023,948.	FMV
EDERATION MKT ALT PROGRAM - (MARBLE RIDGE OFFSHORE FUND, LTD.)	207,837.	FMV
EDERATION MKT ALT PROGRAM - (NITORUM OFFSHORE FUND LTD)	2,490,866.	FMV
EDERATION MKT ALT PROGRAM - (OWL CREEK OVERSEAS FUND LTD)	2,972,141.	FMV
EDERATION MKT ALT PROGRAM - (SWIFTCURRENT OFFSHORE, LTD)	2,233,065.	FMV
EDERATION MKT ALT PROGRAM - (SYLEBRA CAP PARTNERS OFFSHORE LTD)	1,477,774.	FMV
EDERATION MKT ALT PROGRAM - (TYBOURNE EQUITY (OFFSHORE) FUND)	2,914,795.	FMV
EDERATION MKT ALT PROGRAM - (VARDE INVESTMENT PARTNERS, LP)	2,917,397.	FMV
EDERATION MKT ALT PROGRAM - (VIKING GLOBAL EQUITIES III LTD)	2,403,260.	FMV
SRAEL BONDS	604,527.	COST
IS LIMITED	1.	COST
PPLIED TECH VENTURES	1.	COST
DEL PRO PARTNERS	1.	COST
ATON PARTNERS, L.P.	1.	COST
RAND BAY OF BRECKSVILLE LP	1.	COST
RAND BAY PLAZA LTD	30,000.	COST
MH FINANCIAL	9,604.	COST
NN OF CHARGRIN FALLS LTD	1.	COST
AFFA FAMILY FOUNDATION LLC	1.	COST
ULBER-MEDINA LIMITED PARTNSHP	1.	COST
EVINE-MEDINA	1.	COST
EVINE-SWEET VALLEY LTD. PRTNR	1.	COST
UDLOW CO.	1.	COST

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(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market valu
MAGAZINE, LTD.	1.	COST
EMVU, INC.	141,368.	FMV
ORTH OLMSTED ASSOCIATES, LTD.	1.	COST
AVID & IVY ZELMAN FAMILY LLC PREFERRED	5,000,000.	FMV
	, ,	

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Department of the Treasury Internal Revenue Service	Go to	www.irs.gov/Fo	► Attach to Form 990. orm990 for instructions and the latest	t information.		n to Public ection
Name of the organization		U			Employer identi	fication number
JEWISH FEDERATION OF C	I.EVELAND				34-0714445	
		ctivities Out	side the United States. Compl	ete if the organ		Yes" on
Form 990, Part IV			p-	ere in the english		
-	-		ds to substantiate the amount of its gra the selection criteria used to award the			Yes 🗌 No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance out	side the
			an be duplicated if additional space is r			
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND						
THE CARIBBEAN -			INVESTMENTS			216,955,000.
MIDDLE EAST AND						
NORTH AFRICA -			INVESTMENTS			13,141,000.
				ARTS & CULI CONSULTING		
MIDDLE EAST AND					RELATED TO	
NORTH AFRICA -	0	1	PROGRAM SERVICE	EXCHANGE IN		12,000.
					N OF PROJECTS	
				AND EDUCATI	ION OF	
MIDDLE EAST AND				VOLUNTEER A	AND	
NORTH AFRICA -	0	0	PROGRAM SERVICE	PROFESSION	AL LEADERSHIP	177,000.
MIDDLE EAST AND						
NORTH AFRICA -			GRANT MAKING			498,561.
2 a Subtatal	0	1				230,783,561.
3 a Subtotal b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	1				230,783,561.

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2020

OMB No. 1545-0047

Open to Public

032071 12-03-20

SCHEDULE F (Form 990)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA	GENERAL SUPPORT	115,183.	CHECK	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	GENERAL SUPPORT	75,000.	СНЕСК	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA	GENERAL SUPPORT	45,400.	СНЕСК	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	GENERAL SUPPORT	24,000.	СНЕСК	0.		
		MIDDLE EAST AND	SCHOLARSHIPS, GENERAL					
		NORTH AFRICA	SUPPORT	107,490.	СНЕСК	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	GENERAL SUPPORT	11,000.	СНЕСК	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	GENERAL SUPPORT	25,000.	СНЕСК	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	GENERAL SUPPORT	25,000.	СНЕСК	0.		
2 Enter total number of			recognized as charities by the t			•		1
			or counsel has provided a sect					1
3 Enter total number of	other organizations of	or entities				►		

Schedule F (Form 990)	JEWISH	FEDERATION OF CLEV	ELAND		34-071	4445		Page 2
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9)	1	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	42,358.	снеск	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	7,330.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	15,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	5,800.	CHECK	0.		

Schedule F (Form 990) 20	020 JEWISH	FEDERATION C	OF CLEVELAND

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if a	dditional space is neede	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2020

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Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	X Yes	No No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

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inves (estin PART I, LINE 2 LL GRANTEES 2 CONFIRM THEIR 501(C)(3) ST2	ide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of stments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) nated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. 2: ARE SUBJECT TO PRE-GRANT REVIEWS THROUGH GUIDESTAR TO INCLUSION IN THE IRS' EXEMPT ORGANIZATION MASTER FILE ATUS AND PUBLIC CHARITY CLASSIFICATION), AND A REVIEW TO
CART I, LINE 2 LL GRANTEES A CONFIRM THEIR 501(C)(3) STA	2: ARE SUBJECT TO PRE-GRANT REVIEWS THROUGH GUIDESTAR TO INCLUSION IN THE IRS' EXEMPT ORGANIZATION MASTER FILE
LL GRANTEES A CONFIRM THEIR 501(C)(3) STA	ARE SUBJECT TO PRE-GRANT REVIEWS THROUGH GUIDESTAR TO INCLUSION IN THE IRS' EXEMPT ORGANIZATION MASTER FILE
CONFIRM THEIR	INCLUSION IN THE IRS' EXEMPT ORGANIZATION MASTER FILE
501(C)(3) STA	
	ATUS AND PUBLIC CHARITY CLASSIFICATION), AND A REVIEW TO
ONFIRM THAT 1	THE GRANTEE IS NOT ON THE OFAC LIST ("US TREASURY OFFICE OF
OREIGN ASSETS	S CONTROL LIST OF SPECIALLY DESIGNATED NATIONALS AND BLOCKED
PERSONS"). STA	ATEMENTS AND DOCUMENTATION ARE OBTAINED FROM EACH NEW
RANTEE, INCLU	UDING A COPY OF ITS IRS DETERMINATION LETTER; MISSION
TATEMENT; THE	E NAMES OF THE GRANTEE'S BOARD MEMBERS AND CHIEF
ROFESSIONAL;	AND A SIGNED STATEMENT CONFIRMING THE GRANTEE'S SECTION
01(C)(3) STAT	TUS AND PUBLIC CHARITY CLASSIFICATION AND CERTIFYING THAT
RANTS MADE TO	O THE GRANTEE WILL BE USED ONLY FOR CHARITABLE PURPOSES,
ILL NOT RESUI	LT IN GOODS OR SERVICES BEING PROVIDED IN RETURN TO ANY
PERSON, AND TH	HAT THE ORGANIZATION IS IN COMPLIANCE WITH U.S. LAW
EGARDING NO U	USE OF FUNDS FOR TERRORIST ACTIVITIES. ALLOCATIONS FROM THE
NNUAL CAMPAIO	GN FOR JEWISH NEEDS AND ENDOWMENT FUND GRANTS ARE FURTHER
VALUATED BEFO	ORE THE GRANTS ARE MADE, INCLUDING, WHERE APPROPRIATE,
EVIEW OF BUDO	GET INFORMATION, AND ARE MONITORED AFTERWARDS BY THE STAFF
F THE FEDERAT	TION'S PLANNING, ALLOCATION AND ENDOWMENT DEPARTMENTS
HROUGH WRITTE	EN REPORTS, AND WHERE APPROPRIATE, SITE VISITS. FURTHER,
RANTEES WHO F	RECEIVE SUCH ENDOWMENT FUND GRANTS ARE REQUIRED TO SIGN A
RANT AWARD LE	ETTER THAT STIPULATES THE TERMS AND CONDITIONS OF THE GRANT
NCLUDING HOW	THE GRANT FUNDS ARE TO BE SPENT, OVER WHAT PERIOD OF TIME,
ND REPORTING	REQUIREMENTS. CERTAIN GRANTEES ARE REQUIRED TO COMPLETE A
RANT USE REPO	DRT.

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THE FEDERATION REPORTS GRANTS ON SCHEDULE I TO VARIOUS 501(C)(3) DOMESTIC

032075 12-03-20

JEWISH FEDERATION OF CLEVELAND 34-0714445 Schedule F (Form 990) 2020 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. U.S. CHARITIES WHICH, AS PART OF THEIR ACTIVITIES, FUND OVERSEAS SOME OF THE GRANTS INCLUDE RECOMMENDATIONS THAT SUCH GRANTS BE PROJECTS. USED TO SUPPORT CERTAIN FOREIGN CHARITABLE ORGANIZATIONS OR THEIR PROJECTS. SUCH RECOMMENDATIONS ARE ADVISORY ONLY AND SUCH U.S. ORGANIZATIONS MAKE THE FUNDING DECISIONS. THESE U.S. TAX-EXEMPT ORGANIZATIONS ARE EXPECTED TO FILE SEPARATE FORM 990'S WITH A SCHEDULE F FOR THEIR GRANTS TO FOREIGN GRANTEES. GRANTS TO DOMESTIC 501(C)(3) ORGANIZATIONS THAT SUPPORT A SINGLE FOREIGN ENTITY HAVE BEEN INCLUDED ON SCHEDULE F. PART I, LINE 3: AMOUNTS FOR FOREIGN GRANTS ARE PRESENTED ON THE ACCRUAL BASIS WHICH IS CONSISTENT WITH THE TREATMENT USED FOR THE FINANCIAL STATEMENTS AND TAX RETURN. PART I, LINE 3, COLUMN (E): REGION: MIDDLE EAST AND NORTH AFRICA -(E) SPECIFIC TYPES OF SERVICES IN REGION: ARTS & CULTURE CONSULTING AND PROGRAMMING RELATED TO EXCHANGE INITIATIVE BETWEEN DOMESTIC AND FOREIGN COUNTRIES. PART I, LINE 3 (F) INVESTMENTS IN CENTRAL AMERICA AND THE CARIBBEAN: THE FEDERATION INVESTS ITS FUNDS WITH A VARIETY OF INVESTMENT MANAGERS BASED IN THE

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US, EUROPE OR ASIA, SOME OF WHICH OPERATE THROUGH INVESTMENT VEHICLES

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Schedule F (Form 990) 2020

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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

DOMICILED IN THIS REGION. EACH INVESTMENT DECISION IS BASED ON

MULTIPLE FACTORS INCLUDING ADMINISTRATIVE REQUIREMENT, FEES

APPROPRIATENESS OF STRATEGY, AND EXPECTATION FOR THE BEST TOTAL RETURN

AT A GIVEN LEVEL OF RISK.

AMOUNT REPORTED FOR FOREIGN INVESTMENTS OF \$230,096,000 INCLUDES

AMOUNTS THAT ARE INVESTED IN THE FEDERATION'S INVESTMENT POOLS

ATTRIBUTABLE TO SUPPORTING FOUNDATIONS, OTHER CUSTODIAL FUNDS AND FAS

136 ASSETS HELD FOR OTHERS, NONE OF WHICH IS INCLUDED ON THE BALANCE

SHEET PART X. FEDERATION'S DIRECT SHARE OF FOREIGN INVESTMENTS ON THE

BALANCE SHEET IS \$80,909,000.

032075 12-03-20

SCHEDULE I (Form 990)	Go	Frants and Oth vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization JEWISH	FEDERATION OF CLEVEI						Employer identification number 34-0714445
Part I General Information on	Grants and Assistance						
1 Does the organization maintain criteria used to award the gran	ts or assistance?						on 🔀 Yes 🗌 No
2 Describe in Part IV the organiza	•	<u>u</u> <u>u</u>					
	tance to Domestic Organiz				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of orgar or government	ore than \$5,000. Part II can nization (b) EIN	(if applicable)	(d) Amount of cash grant	eg. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADAS ISRAEL HEBREW CONGREGA 2850 QUEBEC STREET N.W. WASHINGTON, DC 20008		509 (A) (1)	6,574.	0.			SYNAGOGUE SUPPORT, GENERAL OPERATING
ADMINISTRATORS OF THE TULAN EDUCATIONAL FUND - P.O. BOX - NEW ORLEANS, LA 70161	61075	509 (A) (1)	41,000.	0.			GENERAL SUPPORT
AGAHOZO-SHALOM YOUTH VILLAG 620 EIGHTH AVENUE NEW YORK, NY 10018		509 (A) (1)	10,000.	0.			GENERAL OPERATING SUPPORT
AGUDATH ISRAEL OF AMERICA, 42 BROADWAY, 14TH FL. NEW YORK, NY 10004		509 (A) (1)	75,000.	0.			GENERAL SUPPORT
AGUDATH ISRAEL OF OHIO 1481 WARRENSVILLE CENTER RO. SOUTH EUCLID, OH 44121		509 (A) (1)	43,290.	0.			JEWISH CHILDREN LIBRARY OF CLEVELAND, GENERAL SUPPORT
AHAVATH ISRAEL CONGREGATION 1700 SOUTH TAYLOR ROAD CLEVELAND HEIGHTS, OH 44118		509 (A) (1)	9,500.	0.			GENERAL SUPPORT
2 Enter total number of section 5			e line 1 table				
3 Enter total number of other org							
LHA For Paperwork Reduction A	ct Notice, see the instructi	ons for Form 990.					Schedule I (Form 990) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
AISH HATORAH OF CLEVELAND							EDUCATIONAL PROGRAMMING,
14077 CEDAR ROAD, SUITE 7							CHESED INITIATIVE, GEN
SOUTH EUCLID, OH 44118	34-1698873	509 (A) (1)	88,276.	0.			SUPPORT
ALEPH ALLIANCE FOR JEWISH RENEWAL							
PO BOX 35118							
PHILADELPHIA, PA 19128	23-2081703	509 (A) (2)	10,000.	0.			MITSUI COLLECTIVE
ALLIANCE FOR EDUCATION INC.							
8100 N. UNIVERSITY DRIVE, SUITE 101							
TAMARAC, FL 33321	65-1042013	509 (A) (1)	158,800.	0.			SCHOLARSHIPS
ALLIANCE TO PROTECT NANTUCKET							
SOUND - 4 BARNSTABLE ROAD -							
	10-0008105	509 (3) (1)	7,500.	0.			GENERAL SUPPORT
HYANNIS, MA 02601 ALUMNI OF THE RABBINICAL COLL	10-0008105	505 (R) (1)	7,500.	0.			JENERAL SUFFORI
KNESSETH IS OF SLABODKA KOWNO -							
5722 15TH AVENUE - BROOKLYN, NY							
11219	13-5600406	509 (A) (1)	5,400.	0.			GENERAL SUPPORT
ALZHEIMERS DISEASE AND RELATED	13 3000400	505 (R) (I)	5,400.				SEMERAL SUITORI
DISORDERS ASSOCIATION, INC							
CLEVELAND AREA CHAPTER -							SUPPORT OF A CELEBRATION
CLEVELAND, OH 44122	13-3039601	509 (A) (1)	30,275.	0.			OF HOPE, GENERAL SUPPORT
	13 3033001	505 (R) (I)	50,275.				OF HOLE, GENERAL BUILONI
AMERICAN CANCER SOCIETY, INC.							
10501 EUCLID AVE.							PAN OHIO HOPE LODGE
CLEVELAND, OH 44106	13-1788491	509 (A) (1)	6,200.	0.			PROGRAM, GENERAL SUPPORT
AMERICAN CIVIL LIBERTIES UNION			,				
FOUNDATION, INC 125 BROAD							
, STREET, 18TH FLOOR - NEW YORK, NY							
10004	13-6213516	509 (A) (1)	6,300.	0.			GENERAL SUPPORT
AMERICAN CIVIL LIBERTIES UNION OF			1 ,				
OHIO FOUNDATION, INC 4506							
CHESTER AVENUE - CLEVELAND, OH							
44103	23-7137105	509 (A) (1)	34,450.	0.			GENERAL SUPPORT

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AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY - 160 EAST 56TH STREET - NEW YORK, NY 10022	46-4198975	509 (A) (1)	25,000.	0.			BIU MEDICAL SCHOOL
AMERICAN FRIENDS OF BARUCH FEIGA UMARPEH INC 1303 53RD ST., SUITE 47 - BROOKLYN, NY 11219	82-2517184	509 (A) (1)	5,010.	0.			GENERAL SUPPORT
AMERICAN FRIENDS OF JACOBS LADDER, INC. – 260 CENTRAL AVE., SUITE 218 – LAWRENCE, NY 11559	13-3938077	509 (A) (1)	42,800.	0.			MAALE ADUMIM ETHIOPIAN STUDENTS AT RISK
AMERICAN FRIENDS OF YESHIVA DMIR INC. – 5227 NEW UTRECHT AVENUE – BROOKLYN, NY 11219	13-2946608	509 (A) (1)	20,270.	0.			GENERAL SUPPORT
AMERICAN FRIENDS-INTERNATIONAL YOUNG ISRAEL MOVEMENT - 567 CEDAR HILL ROAD, SUITE 106 - FAR ROCKAWAY, NY 11691	45-4013676	509 (A) (1)	25,000.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE. DALLAS, TX 75231	13-5613797	509 (A) (1)	8,075.	0.			GENERAL OPERATING SUPPOR
AMERICAN ISRAEL EDUCATION FOUNDATION, INC 251 H STREET, N.W WASHINGTON, DC 20001	52-1623781	509 (A) (1)	79,500.	0.			GENERAL OPERATING SUPPOR
AMERICAN JEWISH COMMITTEE 165 EAST 56TH STREET NEW YORK, NY 10022	13-5563393	509 (A) (1)	131,700.	0.			GENERAL SUPPORT
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, INC 220 EAST 42ND STREET, SUITE 400 - NEW YORK, NY 10017	13-1656634	509 (2) (1)	34,015.	0.			LEHAVA JR. YOUTH PRGM, TAUB CENTER FOR SOCIAL POLICY STUDIES

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AMERICAN RED CROSS							
GREATER CLEVELAND CHAPTER							
CLEVELAND, OH 44115	34-0714622	509 (A) (1)	11,500.	0.			GENERAL SUPPORT
AMERICAN SOCIETY FOR TECHNION -							
ISRAEL INSTITUTE OF TECH - 55 EAST							
59TH STREET - NEW YORK, NY 10022	13-0434195	509 (A) (1)	5,200.	0.			GENERAL SUPPORT
AMERICAN UNIVERSITY							
DEVELOPMENT OFFICE							WAMU, SUPPORT OF HOT JAZ
WASHINGTON, DC 20016-8143	53-0196549	509 (A) (1)	9,000.	0.			SATURDAY NIGHT
MUDIN COMMUNITY RECOURCES INC							
AMUDIM COMMUNITY RESOURCES INC. 11 BROADWAY, SUITE 1076							
NEW YORK, NY 10004	47-0984801	509 (A) (1)	498,094.	0.			GENERAL SUPPORT
		(, (-,		- •			
ANTI DEFAMATION LEAGUE							GENERAL SUPPORT, ADL
605 THIRD AVENUE							DEVELOPMENT, STOP HATE
NEW YORK, NY 10158	13-1818723	509 (A) (1)	87,060.	0.			FOR PROFIT CAMPAIGN
ANTIOCH COLLEGE CORPORATION							
ONE MORGAN PL.							
YELLOW SPRINGS, OH 45387	26-1672457	509 (A) (1)	10,000.	0.			GENERAL SUPPORT
APOLLOS FIRE THE CLEVELAND BAROQUE							
ORCHESTRA - 3091 MAYFIELD ROAD,							
SUITE 217 - CLEVELAND HEIGHTS, OH							MUSICIANS FUND, MOSAIC
44118	34-1696842	509 (A) (1)	40,400.	0.			PROGRAM
APPLEWOOD CENTERS, INC.							
22001 FAIRMOUNT BLVD.							
SHAKER HEIGHTS, OH 44118	34-0714571	509 (A) (1)	9,500.	0.			KEEPING THE PROMISE
ARMAND HAMMER MUSEUM OF ART AND		···· (/ (-/		· ·			
CULTURE CENTER, INC 10899							
WILSHIRE BOULEVARD - LOS ANGELES,							
CA 90024	95-4217197	509 (A) (3)	76,666.	Ο.			GENERAL SUPPORT

Schedule I	(Form 990)	JEWISH	FEDERATION	OF	CLEVELAND

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATED JEWISH COMMUNITY							
FEDERATION OF BALTIMORE INC 101							
WEST MOUNT ROYAL AVENUE -							TRAUMA AND RECOVERY P2
BALTIMORE, MD 21201	52-0607957	509 (A) (1)	25,000.	0.			CITY ASHKELON
BAIS CHAYA INC.							
8100 N. UNIVERSITY DR.							
TAMARAC, FL 33321	20-3057194	509 (A) (1)	14,428.	0.			CAPITAL CAMPAIGN
BAIS MEDRASH MAYAN HATORAH INC.							
101 MILTON ST.							
LAKEWOOD, NJ 08701	20-2925281	509 (A) (1)	10,000.	0.			GENERAL SUPPORT
/							
BAYITH LEPLEITOT, INC.							
1362 EAST 21ST ST.							
BROOKLYN, NY 11210	11-2213686	509 (A) (1)	7,500.	0.			GENERAL SUPPORT
BEACHWOOD KEHILLA							
25447 HALBURTON ROAD							
BEACHWOOD, OH 44122	34-1784895	509 (A) (1)	27,848.	0.			SYNAGOGUE SUPPORT
BEACHWOOD, ON 44122	34-1104095	505 (R) (1)	27,040.	0.			SINAGOGUE SUFFORI
BELLEFAIRE JEWISH CHILDRENS BUREAU							GRANT FOR EHR SYSTEM,
ONE POLLOCK CIRCLE							PACT CLIENT ASSISTANCE
SHAKER HEIGHTS, OH 44118	34-0714630	509 (A) (1)	2,400,519.	0.			FUND, ANNUAL ALLOCATIO
BENNETT AND DONNA YANOWITZ FAMILY							
FOUNDATION - 25701 SCIENCE PARK							
DR CLEVELAND, OH 44122	34-1562999	509 (A) (3)	7,000.	0.			GENERAL SUPPORT
		, (•,	,,				
BETH MEDRASH GOVOHA OF AMERICA							
601 PRIVATE WAY							
LAKEWOOD, NJ 08701	21-0634542	509 (A) (1)	51,004.	0.			GENERAL SUPPORT
						1	
BIKUR CHOLIM							
1845 SOUTH TAYLOR ROAD							
CLEVELAND HEIGHTS, OH 44118	34-1809885	509 (A) (1)	48,336.	0.			GENERAL SUPPORT

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BIRTHRIGHT ISRAEL FOUNDATION PO BOX 21615	12 4000050		250.255				
NEW YORK, NY 10087	13-4092050	509 (A) (1)	358,355.	0.			GENERAL SUPPORT
BNAI BRITH YOUTH ORGANIZATION, INC 800 EIGHTH STREET N.W WASHINGTON, DC 20001	31-1794932	509 (A) (1)	58,000.	0.			GENERAL SUPPORT
BNAI JESHURUN CONGREGATION 27501 FAIRMOUNT BOULEVARD PEPPER PIKE, OH 44124	34-0714675	509 (A) (1)	224,472.	0.			SYNAGOGUE SUPPORT, GENERAL OPERATING
BNAI TORAH CONGREGATION 6261 S.W. 18TH STREET BOCA RATON, FL 33433	59-1713099	509 (A) (1)	40,940.	0.			LCHAIM TORAH PROJECT, GENERAL SUPPORT
, BOCA RATON REGIONAL HOSPITAL FOUNDATION, INC 800 MEADOWS ROAD - BOCA RATON, FL 33486	59-2406425		32,000.	0.			KEEPING THE PROMISE CAMPAIGN
BOCA RATON SYNAGOGUE, INC. 7900 MONTOYA CIRCLE	59-2446537			0.			GENERAL SUPPORT
BOCA RATON, FL 33433 BOYS & GIRLS CLUBS OF NORTHEAST DHIO - 4111 PEARL AVENUE - LORAIN,			6,600.				2021 RACE FOR THE KID
DH 44055 BRIGHAM & WOMENS HOSPITAL INC. DEVELOPMENT OFFICE	34-1856214	509 (A) (1)	22,900.	0.			GENERAL SUPPORT
BOSTON, MA 02116	04-2312909	509 (A) (1)	10,000.	0.			MASTER CLINICIAN PROG
BROOKLYN COMMUNITY HOUSING AND SERVICES, INC 105 CARLTON AVE. - BROOKLYN, NY 11205	11-2549027	509 (A) (1)	11,500.	0.			GENERAL OPERATING SUP

Schedule I (Form 990) JEWISH FEDERATION OF CLEVELAND Part II Continuation of Grants and Other Assistance to Domest

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
B'TSELEM, INC.							ISRAEL INFO CENTER FOR
P.O. BOX 34064							HUMAN RIGHTS, ANNUAL
WASHINGTON, DC 20043	26-2823635	509 (A) (1)	6,800.	0.			SUPPORT, GENERAL SUPPORT
CAPITAL AREA FOOD BANK							
4900 PUERTO RICO AVE. NE							
WASHINGTON, DC 20017	52-1167581	509 (A) (1)	10,000.	0.			GENERAL OPERATING SUPPOR
CARNEGIE ENDOWMENT FOR							
INTERNATIONAL PEACE - 1779							
MASSACHUSETTS AVE. NW -	12 0550040		25 000	0.			CARNELL CONNECTO
WASHINGTON, DC 20036	13-0552040	509 (A) (1)	25,000.	0.			CARNEGIE CONNECTS SIEGAL LIFELONG LEARNING
CASE WESTERN RESERVE UNIVERSITY							PROGRAM, CLEVELAND BRAIN
OFFICE OF ADVANCEMENT SERVICES							HEALTH INITIATIVE, LAW
CLEVELAND, OH 44106-7035	34-1018992	509 (A) (1)	72,234.	0.			, SCHOOL
CENTER FOR ARTS-INSPIRED LEARNING							
10917 MAGNOLIA DRIVE	24 1241756	509 (A) (2)	60 750	0.			ARTWORKS PROGRAM, GENERAL SUPPORT
CLEVELAND, OH 44106	54-1241756	509 (A) (2)	60,750.	0.			SUPPORT
CENTER FOR EMPOWERING REFUGEES AND							
IMMIGRANTS - 544 INTERNATIONAL							
BLVD, SUITE 9 - OAKLAND, CA 94606	76-0822958	509 (A) (1)	25,500.	0.			GENERAL SUPPORT
CENTER FOR THE STUDY OF PLACE INC.							
PO BOX 23225							
SANTA FE, NM 87502	85-0434036	509 (A) (1)	9,000.	0.			GENERAL SUPPORT
CHABAD JEWISH CENTER OF SOLON							
5570 HARPER ROAD				_			
SOLON, OH 44139	34-1796153	509 (A) (1)	151,024.	0.			GENERAL SUPPORT
CHABAD OF DOWNTOWN CLEVELAND							
1111 SUPERIOR AVE. E, SUITE 1320							
CLEVELAND, OH 44114	47-2253170	509 (A) (1)	41,000.	Ο.			GENERAL OPERATING SUPPOR

Schedul	el((Form 990)	JEWISH	FEDERATION	OF	CLEVELAND
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CHABAD OF THE WEST SIDE							
4021 HARDING DRIVE							
WESTLAKE, OH 44145	47-4896798	509 (A) (1)	10,540.	0.			SUMMER CAMP PROGRAM
CHABAD OF UNIVERSITY CIRCLE							
1524 EAST 115 ST.							
CLEVELAND, OH 44106	80-0878555	509 (A) (1)	40,122.	0.			GENERAL OPERATING SUPPORT
CHABAD ON CAMPUS AT OSU							
207 E. 15TH AVENUE							
COLUMBUS, OH 43201	81-2505414	509 (A) (1)	16,360.	0.			GENERAL OPERATING SUPPORT
CHAMBERFEST CLEVELAND							
20620 JOHN CARROLL BLVD.							
CLEVELAND HEIGHTS, OH 44118	45-3437884	509 (A) (1)	8,175.	0.			GENERAL SUPPORT
CHAUTAUQUA FOUNDATION, INC.							
PO BOX 28				_			DANCE AND THEATRE ARTS
CHAUTAUQUA, NY 14722	16-6028421	509 (A) (1)	15,023.	0.			PROGRAMMING
CHAVIVA HIGH SCHOOL							
3300 MAYFIELD ROAD							JWSH WOMEN LDRSHP FD,
CLEVELAND HTS., OH 44118	82-4606114	509 (A) (1)	65,860.	0.			GENERAL OPERATING SUPPOR
CHILDRENS TUMOR FOUNDATION							
370 LEXINGTON AVE., SUITE 2100							
NEW YORK, NY 10017	13-2298956	509 (A) (1)	6,100.	0.			GENERAL SUPPORT
CIRCLE HEALTH SERVICES							
12201 EUCLID AVENUE							
CLEVELAND, OH 44106	23-7078501	509 (A) (1)	5,200.	0.			GENERAL SUPPORT
CITY CHARTER SCHOOLS							
4001 VENICE BLVD. LOS ANGELES, CA 90019	45-1347085	509 (A) (1)	6,000.	0.			FAMILY GIVING CAMPAIGN
100 III01 00, CK JUUIJ	1 =3 = 5 = 7 0 0 5		0,000.	U.			LIMITEL GIVING CAMAIGN

Schedule I	(Form 990)	JEWISH	FEDERATION	OF	CLEVELAND

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CITY CLUB OF CLEVELAND							
850 EUCLID AVENUE, 2ND FLOOR							
CLEVELAND, OH 44114	34-0144897	509 (A) (2)	7,700.	0.			GENERAL OPERATING SUPPOR
CITY HARVEST, INC.							
5 EAST 32ND STREET, 5TH FLOOR							
NEW YORK, NY 10016	13-3170676	509 (A) (1)	41,000.	0.			GENERAL OPERATING SUPPOR
CITY MISSION							
5310 CARNEGIE AVENUE							
CLEVELAND, OH 44103	34-0760586	509 (A) (1)	21,060.	0.			GENERAL OPERATING SUPPOR
CITY OF SHAKER HEIGHTS							
3400 LEE ROAD							
SHAKER HEIGHTS, OH 44120	34-6002615	509 (A) (1)	5,280.	0.			POLICE DEPARTMENT
CLEVELAND ANIMAL PROTECTIVE LEAGUE							
1729 WILLEY AVENUE							CAT CAGE SUPPORT, GENERA
CLEVELAND, OH 44113	34-0714644	509 (A) (2)	20,275.	0.			SUPPORT
CLEVELAND BOTANICAL GARDEN							
11030 EAST BOULEVARD							
CLEVELAND, OH 44106	34-0239538	509 (A) (1)	8,550.	0.			GENERAL OPERATING SUPPOR
TIEVELAND CHARAD CHAT CENTED INC							
CLEVELAND CHABAD CHAI CENTER, INC. 27900 GATES MILLS BLVD.							
CLEVELAND, OH 44124	20-0048898	509 (A) (1)	37,050.	0.			GENERAL OPERATING SUPPOR
		(, (-,		- •			
CLEVELAND CHESED CENTER							
29125 CHAGRIN BLVD.	61 1000100						CORONAVIRUS RELIEF,
PEPPER PIKE, OH 44122	61-1773183	509 (A) (1)	64,463.	0.			GENERAL SUPPORT
CLEVELAND CLINIC FOUNDATION							
P.O. BOX 931517							CAREGIVER HARDSHIP FUND,
CLEVELAND, OH 44193	34-0714585	509 (A) (1)	528,999.	Ο.		1	GENERAL OPERATING SUPPOR

Schedule I (Form 990)	JEWISH	FEDERATION	OF	CLEVELAND
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Schedule I (Form 990) JEWISH FEDERAL	FION OF CLEVEI	JAND					34-0/14445 Page 1
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND COMMUNITY MIKVAH INC. PO BOX 21246							
CLEVELAND, OH 44121	81-2733203	509 (A) (1)	21,930.	0.			GENERAL SUPPORT
CLEVELAND FOUNDATION 1422 EUCLID AVENUE, SUITE 1300 CLEVELAND, OH 44115	34-0714588	509 (A) (1)	3,228,380.	0.			CLEVELAND BLACK FUTURES FUND, FUND FIRST GIVING CIRCLE, GTR CLEVE DIGITAI EQUITY, PHILANTHROPIC
CLEVELAND HEARING AND SPEECH CENTER - 11635 EUCLID AVENUE - CLEVELAND, OH 44106	34-0714648	509 (A) (1)	16,450.	0.			EARLY INTERVENTION PROGRAM, GENERAL SUPPORT
CLEVELAND HILLEL FOUNDATION, INC. 11303 EUCLID AVENUE CLEVELAND, OH 44106		509 (A) (2)	801,859.	0.			L.E.V. CAMPUS FELLOWSHIP GRANT, GENERAL SUPPORT
CLEVELAND INSTITUTE OF ART INSTITUTIONAL ADVANCEMENT CLEVELAND, OH 44106	34-0714334	509 (A) (1)	28,350.	0.			GENERAL OPERATING SUPPORT
CLEVELAND INSTITUTE OF MUSIC 11021 EAST BOULEVARD CLEVELAND, OH 44106	34-0714600	509 (A) (1)	134,245.	0.			GENERAL SUPPORT
CLEVELAND INTERNATIONAL FILM FESTIVAL, INC 2510 MARKET AVENUE - CLEVELAND, OH 44113	34-1262368	509 (A) (2)	15,500.	0.			GENERAL OPERATING SUPPOR
CLEVELAND JEWISH PUBLICATION COMPANY FOUNDATION - 23880 COMMERCE PARK, SUITE 1 -							
BEACHWOOD, OH 44122 CLEVELAND KASHRUS ORGANIZATION, INC P.O. BOX 181476 - CLEVELAND HEIGHTS, OH 44118		509 (A) (1) 509 (A) (1)	10,050.	0.			GENERAL OPERATING SUPPOR
ILLIGHID, OR 44110	24-10/4122	202 (A) (I)	1,200.	0.			SEMENAL SUFFORI

Schedule I	(Form 990)	JEWISH	FEDERATION	OF	CLEVELAND

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CLEVELAND KIDS BOOK BANK 3635 PERKINS AVE., SUITE 1E							
CLEVELAND, OH 44114	47-5553602	509 (A) (2)	11,750.	0.			GENERAL OPERATING SUPPORT
CLEVELAND METROPARKS SYSTEM 4101 FULTON PARKWAY CLEVELAND OF 44144	34-6000704	GOVERNMENTAL	6,000.	0.			GENERAL OPERATING SUPPOR
CLEVELAND, OH 44144 CLEVELAND METROPOLITAN SCHOOL DISTRICT - 1111 SUPERIOR AVE, STE	54-0000704	GOVERNMENTAL	0,000.				SENERAL OFERALING SOFFOR
1800 - CLEVELAND, OH 44114	34-6000662	GOVERNMENTAL	5,250.	0.			PROJECT ACT
CLEVELAND MUSEUM OF ART 11150 EAST BOULEVARD CLEVELAND, OH 44106	34-0714336	500 (3) (1)	126,840.	0.			AMBASSADOR PROGRAM, WOMENS COUNCIL, LEADERSHIP CIRCLE SUPPOR'
CLEVELAND MUSEUM OF NATURAL HISTORY - 1 WADE OVAL, UNIVERSITY CIRCLE - CLEVELAND, OH 44106	34-0714338		10,150.	0.			GENERAL OPERATING SUPPOR
, CLEVELAND MUSIC SCHOOL SETTLEMENT 11125 MAGNOLIA DRIVE							
CLEVELAND, OH 44106	34-0714339	509 (A) (1)	32,075.	0.			GENERAL OPERATING SUPPOR
CLEVELAND PLAY HOUSE 1901 EAST 13TH STREET, SUITE 200							LIGHTS UP CAMPAIGN,
CLEVELAND, OH 44114	34-6515260	509 (A) (2)	43,400.	0.			GENERAL SUPPORT
CLEVELAND POLICE FOUNDATION 2301 PAYNE AVE., SUITE 201							
CLEVELAND, OH 44114	83-0509855	509 (A) (1)	25,000.	0.			GENERAL OPERATING SUPPORT
CLEVELAND POPS ORCHESTRA 24000 MERCANTILE ROAD, SUITE 8							
BEACHWOOD, OH 44122	34-1769835	509 (A) (1)	5,850.	٥.			GENERAL OPERATING SUPPOR

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Schedule I (Form 990) 5EWISH FEDERAL	TION OF CLEVEL	AND					34-0714445 Page
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organization	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND RAPE CRISIS CENTER 2937 WEST 25TH STREET, 2ND FLOOR							
CLEVELAND, OH 44113	51-0164315	509 (A) (1)	12,000.	0.			GENERAL OPERATING SUPPOR
CLEVELAND SCHOOL OF THE ARTS BOARD OF TRUSTEES - P.O. BOX 18265 - CLEVELAND, OH 44118	34-1410357	509 (A) (2)	6,500.	0.			THEATRE PROGRAM, GENERAL SUPPORT
CLEVELAND SOCIETY FOR THE BLIND 1909 EAST 101ST STREET CLEVELAND, OH 44106	34-0714652	509 (A) (1)	5,650.	0.			GENERAL OPERATING SUPPOR
CLEVELAND STATE UNIVERSITY FOUNDATION, INC DEVELOPMENT - CLEVELAND, OH 44115	34-1316665		87,200.	0.			RADIANCE PROGRAM, GENERAI SUPPORT
CLEVELAND TORAH CENTER INC. 2120 SOUTH GREEN RD. SOUTH EUCLID, OH 44121	46-2826301	509 (A) (1)	79,000.	0.			GENERAL OPERATING SUPPOR
CLEVELAND ZOOLOGICAL SOCIETY 3900 WILDLIFE WAY CLEVELAND, OH 44109	34-0816490	509 (A) (1)	111,350.	0.			FEED THE ZOO CAMPAIGN, GENERAL SUPPORT
COLLEGE NOW GREATER CLEVELAND, INC. – POST OFFICE PLAZA – CLEVELAND, OH 44113	34-6580096	509 (A) (1)	90,620.	0.			SCHOLARSHIPS
COMMISSION ON CEMETERY PRESERVATION - 25701 SCIENCE PARK DRIVE - CLEVELAND , OH 44122	34-1771506	509 (A) (3)	10,726.	0.			GENERAL SUPPORT
CONGREGATION AGUDATH ISRAEL BORO PARK - 4911 16TH AVENUE - BROOKLYN, NY 11204	11-3132653	509 (A) (1)	22,000.	0.			GENERAL OPERATING SUPPOR

Schedule I	(Form 990)	JEWISH	FEDERATION	OF	CLEVELAND

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION AHAVATH TORAH							
240 BROAD AVENUE							SYNAGOGUE SUPPORT,
ENGLEWOOD, NJ 07631	22-1574510	509 (A) (1)	27,000.	0.			GENERAL OPERATING SUPPOR
CONGREGATION BEIS DONIEL							
685 BENDEMEER ROAD							
CLEVELAND, OH 44118	42-1749444	509 (A) (1)	213,093.	0.			GENERAL SUPPORT
CONGREGATION BETH ABRAHAM OF							
BERGENFIELD - 396 NEW BRIDGE ROAD							
- BERGENFIELD, NJ 07621	22-6096170	509 (A) (1)	5,955.	0.			SYNAGOGUE SUPPORT
CONGREGATION BNOS DEVORAH INC.							
360 OAK STREET							
LAKEWOOD, NJ 08701	26-1671307	509 (A) (1)	186,000.	0.			GENERAL SUPPORT
	20 10,100,	303 (11) (1)	100,000.				
CONGREGATION COMMUNITY KOLLEL							
2460 BISHOP ROAD							
WICKLIFFE, OH 44092	34-1850239	509 (A) (1)	22,500.	0.			GENERAL SUPPORT
CONGREGATION EMANU EL OF THE CITY							
OF NEW YORK - 1 EAST 65TH STREET -							
NEW YORK, NY 10065	13-1623975	509 (A) (1)	5,650.	0.			SYNAGOGUE SUPPORT
ALW TORR, NT 10005	13 1023373	505 (II) (I)	5,000.				
CONGREGATION K HAL YEREIM							
1771 SOUTH TAYLOR ROAD							
CLEVELAND HEIGHTS, OH 44118	34-1314156	509 (A) (1)	103,934.	Ο.			GENERAL SUPPORT
CONGREGATION MASORES HACHINUCH							
INC 381 VIOLA ROAD - SPRING							
VALLEY, NY 10977	81-3941213	509 (A) (1)	12,000.	0.			GENERAL SUPPORT
CONGREGATION PRI ETZ CHAIM							GIFTER MANUSCRIPTS
28570 NUTWOOD LANE							PUBLICATION SUPPORT,
WICKLIFFE, OH 44092	31-1574188	509 (A) (1)	7,500.	0.			, PESACH

Schedule I	(Form 990)	JEWISH	FEDERATION	OF	CLEVELAND

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CONGREGATION SHAAREY TIKVAH							
26811 FAIRMOUNT BOULEVARD							SYNAGOGUE SUPPORT,
BEACHWOOD, OH 44122	34-0823457	509 (A) (1)	24,091.	0.			GENERAL OPERATING SUPPORT
CONGREGATION TIFERES TZVI							
11 12TH ST.							
LAKEWOOD, NJ 08701	13-4107680	509 (A) (1)	217,000.	0.			GENERAL OPERATING SUPPORT
CONGREGATION TORAH VEEMUNAH, INC.							
1000 NE 175TH STREET							
N. MIAMI BEACH, FL 33162	59-2526866	509 (A) (1)	10,000.	0.			GENERAL OPERATING SUPPORT
CONGREGATION ZICHRON CHAIM							LEAH TAMAR EISENBERGER
2203 SOUTH GREEN ROAD							CAMP FUND, GENERAL
UNIVERSITY HTS., OH 44121	34-1196207	509 (A) (1)	111,929.	0.			SUPPORT
	54 1150207	505 (11) (1)	111,525.				
CROHNS & COLITIS FOUNDATION OF							
AMERICA, INC 733 THIRD AVENUE,							
SUITE 510 - NEW YORK, NY 10017	13-6193105	509 (A) (1)	7,500.	0.			GENERAL SUPPORT
CROSCERED AND							
CROSSROADS SCHOOL FOR ARTS AND							
SCIENCES - 1714 21ST STREET -	23-7120625	509 (3) (1)	25,000.	0.			GENERAL SUPPORT
SANTA MONICA, CA 90404	23-7120025	509 (R) (I)	25,000.	0.			GENERAL SUFFORI
CUYAHOGA COMMUNITY COLLEGE							
FOUNDATION - 700 CARNEGIE AVENUE -							JAZZ FESTIVAL, GENERAL
CLEVELAND, OH 44115	23-7320719	509 (A) (1)	46,200.	0.			OPERATING SUPPORT
CUYAHOGA COUNTY PUBLIC LIBRARY							
FOUNDATION - ADMINISTRATIVE							
OFFICES - PARMA, OH 44134	26-0042432	509 (A) (1)	9,500.	0.			GENERAL SUPPORT
DALLAS SYMPHONY ASSOCIATION, INC.							
2301 FLORA STREET, SUITE 300							
DALLAS, TX 75201	75-0705442	509 (A) (2)	50,000.	Ο.			GENERAL SUPPORT

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DICKINSON COLLEGE CORPORATE & FOUNDATION RELATIONS CARLISLE, PA 17013	23-1365954	509 (A) (1)	10,000.	0.			SCHOLARSHIPS
DING DARLING WILDLIFE SOCIETY, INC PO BOX 565							
SANIBEL ISLAND, FL 33957	59-2240895	509 (A) (1)	17,500.	0.			CAPITAL CAMPAIGN
DIVERSITY CENTER OF NORTHEAST OHIO, INC. – 3659 GREEN ROAD, SUITE 220 – CLEVELAND, OH 44122	20-1966761	509 (A) (1)	36,624.	0.			GENERAL OPERATING SUPPOR
DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	509 (A) (1)	6,950.	0.			GENERAL SUPPORT
EDGEWOOD CAMPUS SCHOOL INC. 829 EDGEWOOD COLLEGE DRIVE MADISON, WI 53711	45-2784377	509 (A) (1)	8,000.	0.			TEACHER APPRECIATION GIF
EDWINS FOUNDATION 13101 SHAKER SQUARE CLEVELAND, OH 44120	81-2196126	509 (A) (1)	6,000.	0.			GENERAL SUPPORT
ELON UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT ELON, NC 27244	56-0532303	509 (A) (1)	6,800.	0.			ELON HILLEL, GENERAL SUPPORT
ENGAGE! CLEVELAND, INC. 8200 SWEET VALLEY DRIVE, SUITE 100 CLEVELAND, OH 44125	47-3598668	509 (A) (1)	5,300.	0.			MARKETING TO YOUNG ADULT FORMER CLEVELANDERS
EXPERIENCE CAMPS P.O. BOX 5121 WESTPORT, CT 06881	26-2513136	509 (A) (1)	5,100.	0.			GENERAL SUPPORT

Schedule I	(Form 990)	JEWISH	FEDERATION	OF	CLEVELAND

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EXPOSHER INC.							
7681 STONEGATE DRIVE							
EASTVALE, CA 92880	80-0268207	509 (A) (1)	10,000.	0.			GENERAL SUPPORT
FACING HISTORY AND OURSELVES, INC.							
16 HURD ROAD							
BROOKLINE, MA 02445	04-2761636	509 (A) (1)	13,050.	0.			GENERAL OPERATING SUPPORT
FAIRMOUNT TEMPLE ANSHE CHESED							
CONGREGATION - 23737 FAIRMOUNT							
BOULEVARD - PEPPER PIKE, OH 44124	34-0208330	509 (A) (1)	244,327.	0.			SYNAGOGUE SUPPORT
FARM AND WILDERNESS FOUNDATION,							
INC 263 FARM AND WILDERNESS							
ROAD - PLYMOUTH, VT 05056	03-0228965	509 (A) (2)	6,000.	0.			THRIVE FOR 75 CAMPAIGN
FIRST TEE OF CLEVELAND							
3841 WASHINGTON PARK BOULEVARD							
CLEVELAND, OH 44105	34-1915692	509 (A) (1)	17,700.	0.			GENERAL SUPPORT
FISH & WILDLIFE FOUNDATION OF							SEBASTIAN RIVER, GOAT
FLORIDA, INC PO BOX 11010 -	50 2055000		F O 000				CREEK EELGRASS
TALLAHASSEE, FL 32302	59-3277808	509 (A) (I)	70,000.	0.			OUTPLANTINGS
FJC - A FOUNDATION OF DONOR ADVISED FUNDS - 31 WEST 34TH							GENERAL OPERATING
STREET, SUITE 8026 - NEW YORK, NY							SUPPORT, PHILANTHROPIC
10001	13-3848582	500 () (1)	210,000.	0.			PROGRAM SUPPORT
10001	13-3040302	509 (A) (1)	210,000.	0.			PROGRAM SUPPORT
FOUNDATION FOR THE DEFENSE OF							
DEMOCRACIES, INC PO BOX 33249 -							
WASHINGTON, DC 20033	13-4174402	509 (A) (1)	10,000.	0.			GENERAL SUPPORT
FRANK LLOYD WRIGHT TRUST							
209 S. LASALLE STREET, SUITE 118	23-7414937	509 (2) (1)	10,000.	0.			GENERAL SUPPORT
CHICAGO, IL 60604	23-/41493/	DU9 (A) (I)	L TO,000.	U.			GENERAL SUPPORT

Schedule I (Form 990) JEWISH FEDERATION OF CLEVELAND Part II Continuation of Grants and Other Assistance to Domest

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Schedule I (Form 990) JEWISH FEDERAL	ION OF CLEVEL	IAND					34-0714445 Page
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRESH START CARING FOR KIDS							
FOUNDATION - 444 EAST ALGONQUIN							
ROAD - ARLINGTON HEIGHTS, IL 60005	46-4828915	509 (A) (1)	6,000.	0.			GENERAL SUPPORT
FRIENDS OF BREAKTHROUGH SCHOOLS							
3615 SUPERIOR AVE. E.							2021 BREAKTHROUGH BASH,
CLEVELAND, OH 44114	20-4948838	509 (A) (1)	143,230.	0.			GENERAL SUPPORT
FRIENDS OF THE CONCORD FREE PUBLIC							
LIBRARY INC PO BOX 644 -							
CONCORD, MA 01742	04-2633280	509 (A) (1)	15,000.	0.			RUTH RATNER MILLER AWARD
FRIENDSHIP CIRCLE OF CLEVELAND,							
INC 27900 GATES MILLS BOULEVARD							
- PEPPER PIKE, OH 44124	20-8848426	509 (A) (1)	267,172.	0.			GENERAL OPERATING SUPPOR
FRISCH SCHOOL							
120 WEST CENTURY ROAD							
PARAMUS, NJ 07652	22-1937461	509 (A) (1)	6,000.	0.			GENERAL SUPPORT
GARDENS JEWISH EXPERIENCE							
180 BENT TREE DRIVE							
PALM BEACH GARDENS, FL 33418	35-2417359	509 (A) (1)	7,200.	0.			GENERAL SUPPORT
GATHERING PLACE							
ARNOLD & SYDELL MILLER FAMILY CAMPU	т						
BEACHWOOD, OH 44122		509 (A) (1)	70,688.	0.			GENERAL OPERATING SUPPOR
	54 1079035	505 (R/ (1/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				SENERAL OFERATING BOFFOR
GRANT FOUNDATION							
PO BOX 110091							
PITTSBURGH, PA 15232	25-1017587	509 (A) (1)	10,000.	٥.			GENERAL SUPPORT
GREATER CLEVELAND CONGREGATIONS,							
INC 6114 FRANCIS AVE	27 5226200		10 550				GENERAL OPERATING CURRENT
CLEVELAND, OH 44127	27-5236392	рия (A) (I)	10,550.	0.			GENERAL OPERATING SUPPOR

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER CLEVELAND FOODBANK, INC.							
15500 SOUTH WATERLOO ROAD							
CLEVELAND, OH 44110	34-1292848	509 (A) (1)	432,823.	0.			GENERAL OPERATING SUPPOR
GREEN ROAD SYNAGOGUE							
2437 GREEN ROAD							
CLEVELAND, OH 44122	34-1114908	509 (A) (1)	283,658.	0.			SYNAGOGUE SUPPORT
GROSS SCHECHTER DAY SCHOOL							
27601 FAIRMOUNT BOULEVARD							CORONAVIRUS GRANT,
PEPPER PIKE, OH 44124	34-1283907	509 (A) (1)	1,045,259.	0.			GENERAL SUPPORT
HANDS ON TZEDAKAH, INC.							
2901 CLINT MOORE RD., #318 BOCA RATON, FL 33496	86-1067535	509 (A) (1)	10,000.	0.			GENERAL SUPPORT
BOCA RAION, FL 55496	86-1067555	509 (A) (1)	10,000.	0.			GENERAL SUPPORT
HANDS TOGETHER INC							
P.O. BOX 80985							
SPRINGFIELD, MA 01138	23-2566502	509 (A) (1)	7,500.	0.			GENERAL SUPPORT
HATHAWAY BROWN SCHOOL							
19600 NORTH PARK BOULEVARD							SCARAVILLI MEMORIAL FUND
SHAKER HEIGHTS, OH 44122	34-0714426	509 (A) (1)	26,350.	0.			TRAUB FAMILY ENDOWED FUN
HAWKEN SCHOOL							
P.O. BOX 8002							HAWKEN FUND, GENERAL
GATES MILLS, OH 44040	34-0714427	509 (A) (1)	102,820.	0.			SUPPORT
,			,				
HEBREW ACADEMY OF CLEVELAND							
1860 SOUTH TAYLOR ROAD							CORONAVIRUS FUND GRANT,
CLEVELAND HEIGHTS, OH 44118	34-0714428	509 (A) (1)	3,299,674.	0.			GENERAL SUPPORT
HEBREW FREE LOAN ASSOCIATION							
23300 CHAGRIN BOULEVARD, SUITE 204							FOSTERING ECONOMIC
BEACHWOOD, OH 44122	34-0281800	509 (A) (1)	46,825.	٥.			EQUITY, EDUCATION SPONSO

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEIGHTS ARTS COLLABORATIVE INC.							
2175 LEE ROAD							
CLEVELAND HEIGHTS, OH 44118	34-1962652	509 (A) (1)	21,450.	0.			GENERAL OPERATING SUPPOR
HIAS, INC.							
1300 SPRING STREET, SUITE 500							
SILVER SPRING, MD 20910	13-5633307	509 (A) (1)	22,260.	0.			GENERAL OPERATING SUPPOR
HILLEL THE FOUNDATION FOR JEWISH							LEV CAMPUS FELLOWSHIP
CAMPUS LIFE - 800 EIGHTH STREET							SPRING COHORT, GENERAL
N.W WASHINGTON, DC 20001	52-1844823	509 (A) (1)	544,478.	0.			SUPPORT
HOLD ON TO YOUR MUSIC, INC.							
2128 DUXBURY CIRCLE							
LOS ANGELES, CA 90034	55-0822285	509 (A) (1)	10,000.	0.			CLEVELAND WILLESDEN READ
HOSPICE OF THE WESTERN RESERVE,							
INC 17876 SAINT CLAIR AVENUE -							
CLEVELAND, OH 44110	34-1256377	509 (A) (1)	14,600.	0.			GENERAL OPERATING SUPPOR
WINGED NEWLODK OF CREAMED							
HUNGER NETWORK OF GREATER CLEVELAND - 4415 EUCLID AVE.,							
SUITE 110 - CLEVELAND, OH 44103	34-1810545	509 (A) (1)	63,865.	0.			GENERAL OPERATING SUPPOR
	51 1010515	505 (II) (I)					CONTRIBUTION TO ENHANCED
ICAHN SCHOOL OF MEDICINE AT MOUNT							SCHOLARSHIP
SINAI - ONE GUSTAVE L. LEVY PL.,							INITIATIVE, SUPPORT FOR
BOX 1049 - NEW YORK, NY 10029	13-6171197	509 (A) (1)	25,000.	0.			36TH CRYSTAL PARTY
IDEASTREAM							
1375 EUCLID AVE. CLEVELAND, OH 44115	34-1943865	509 (<u>)</u> (1)	70,530.	0.			GENERAL OPERATING SUPPOR
52.22.00, 50 1115	34 1949003		,0,550.	0.			CALIFICIAL OF LIGHTING DUFFOR
INDEPENDENT MONTEFIORE SHELTER							
HOME - 29125 CHAGRIN BLVD							
PEPPER PIKE, OH 44122	34-0845389	509 (A) (1)	101,451.	0.			GENERAL OPERATING SUPPOR

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Part II Continuation of Grants and Other A			and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	34-0714445 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY FOUNDATION							
ADMINISTRATIVE OFFICES							
BLOOMINGTON, IN 47402	35-6018940	509 (A) (1)	10,200.	0.			GENERAL SUPPORT
INMOTION							
23905 MERCANTILE ROAD							SUPPORT OF 2021 PALS IN
BEACHWOOD, OH 44122	46-4102770	509 (A) (1)	64,380.	٥.			MOTION, GENERAL SUPPORT
INSTITUTE BEYOND CAMPUS							
14500 EAST CARROLL BLVD.							
CLEVELAND, OH 44118	84-3907099	509 (A) (1)	8,380.	٥.			GENERAL OPERATING SUPPORT
ISRAEL 21C							
44 MONTGOMERY ST., SUITE 3700							
SAN FRANCISCO, CA 94104	77-0571579	509 (A) (1)	8,000.	٥.			GENERAL OPERATING SUPPORT
ISRAEL CENTER FOR EXCELLENCE							
THROUGH EDUCATION - 9 S. 753							
CIRCLE AVE WILLOWBROOK, IL							
60527	27-3032809	509 (A) (1)	15,000.	٥.			GENERAL OPERATING SUPPORT
ISRAEL NATURE AND HERITAGE							
FOUNDATION OF AMERICA INC 5							
COLD HILL ROAD SOUTH, SUITE 28 -							
MENDHAM, NJ 07945	82-1465949	509 (A) (1)	65,000.	0.			BEIT SHEAN ROMAN THEATER
ISRAEL TENNIS CENTERS FOUNDATION,							
INC 165 EAST 56 STREET, 2ND							CLEVELAND TENNIS, COVID19
FLOOR - NEW YORK, NY 10022	13-2961273	509 (A) (1)	7,500.	٥.			SUPPORT, GENERAL SUPPORT
1100K NEW 10KK, NI 10022	13 2901273	505 (11) (1)	,,500.				
J STREET EDUCATION FUND, INC.							
PO BOX 66073							EDUCATION FUND, GENERAL
WASHINGTON, DC 20035	20-2777557	509 (A) (1)	11,600.	٥.			SUPPORT
J. DAVID AND REBECCA HELLER FAMILY							
FOUNDATION - 25701 SCIENCE PARK							
DR CLEVELAND, OH 44122	36-4954283	509 (A) (3)	2,600,000.	0.			GENERAL OPERATING SUPPORT
SR. CLIVIDIUD, OII TITZZ	50 4754205		2,000,000.	· ·			Plantin of harring borrow

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ssistance to Dor (b) EIN	(c) IRC section (c) applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			assistance	appraisal, other)		
						YOUTH FUTURES HURFEISH
						MAAVARIM PROJECT,
						ETHIOPIAN AND GENERAL
23-0053483	509 (A) (1)	186,150.	0.			OPERATING SUPPORT
						EDUCATIONAL PURPOSES,
13-5599486	509 (A) (1)	115,500.	0.			GENERAL SUPPORT
13-1624104	509 (A) (1)	72,000.	0.			GENERAL SUPPORT
						JHUB ENVIRONMENTAL
						PROGRAMMING, SPECIAL
						NEEDS CAMP SCHOLARSHIPS
34-0714554	509 (A) (2)	5,387,064.	0.			GENERAL SUPPORT
00 000000		102.010	0			
26-0839035	509 (A) (I)	193,910.	υ.			GENERAL OPERATING SUPPOR
						HOLOCAUST SURVIVORS
						SUPPORT, HOME DELIVERED
						MEALS, SCHOLARSHIPS,
34-0714441	509 (A) (1)	4,387,095.	0.			ANNUAL ALLOCATION
50-2151725	509 (3) (1)	5 850	0			GENERAL OPERATING SUPPOR
59-2151725	505 (A) (1)	5,050.	۰.			GENERAL OFERALING SUFFOR
						GENERAL OPERATING
						SUPPORT, PHILANTHROPIC
53-0212445	509 (2) (1)	351 000	0			PROGRAM SUPPORT
JJ-021244J	505 (A) (I)	331,000.	υ.			INGRAM SUFFORI
50 0040606		274,000.	0.			GENERAL OPERATING SUPPOR
	ssistance to Dor (b) EIN 23-0053483 13-5599486 13-1624104 34-0714554 26-0839035 34-0714441 59-2151725 53-0212445	ssistance to Domestic Organizations (b) EIN (c) IRC section	ssistance to Domestic Organizations and Domestic Go (b) EIN (c) IRC section if applicable (d) Amount of cash grant 23-0053483 509 (A) 1 186,150. 13-5599486 509 (A) 1 115,500. 13-1624104 509 (A) (1) 72,000. 34-0714554 509 (A) (1) 72,000. 34-0714441 509 (A) (1) 193,910. 34-0714441 509 (A) (1) 4,387,095. 59-2151725 509 (A) (1) 5,850. 53-0212445 509 (A) (1) 351,000.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance 23-0053483 509 (A) (1) 186,150. 0. 13-5599486 509 (A) (1) 115,500. 0. 13-1624104 509 (A) (1) 72,000. 0. 34-0714554 509 (A) (2) 5,387,064. 0. 26-0839035 509 (A) (1) 193,910. 0. 34-0714441 509 (A) (1) 4,387,095. 0. 34-0714441 509 (A) (1) 5,850. 0. 59-2151725 509 (A) (1) 351,000. 0.	sistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Pa (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 23-0053483 509 (A) (1) 186,150. 0. 13-5599486 509 (A) (1) 115,500. 0. 13-1624104 509 (A) (1) 72,000. 0. 34-0714554 509 (A) (1) 193,910. 0. 26-0839035 509 (A) (1) 4,387,095. 0. 59-2151725 509 (A) (1) 5,850. 0. 59-2151725 509 (A) (1) 5,850. 0. 53-0212445 509 (A) (1) 351,000. 0.	sistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (bok, FMV, appraisal, other) (g) Description of non-cash assistance 23-0053483 509 (A) (1) 186,150. 0. (e) Amount of non-cash assistance (f) Method of valuation (bok, FMV, appraisal, other) (g) Description of non-cash assistance 13-5599486 509 (A) (1) 186,150. 0. (f) Method of valuation (bok, FMV, appraisal, other) (g) Description of non-cash assistance 13-5599486 509 (A) (1) 186,150. 0. (f) Method of valuation (bok, FMV, appraisal, other) (f) Method of valuation (bok, FMV, appraisal, other) 34-0714554 509 (A) (1) 193,910. 0. (f) Method of valuation (f) Me

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF							
SARASOTA-MANATEE, INC 580							
MCINTOSH ROAD - SARASOTA, FL 34232	59-1227747	509 (A) (1)	8,000.	0.			GENERAL OPERATING SUPPOR
JEWISH FEDERATION OF SOUTH PALM			,				
BEACH COUNTY, INC 9901 DONNA							
KLEIN BOULEVARD - BOCA RATON, FL							
33428	59-1945109	509 (A) (1)	6,000.	0.			GENERAL OPERATING SUPPOR
			,				ETHIOPIAN RESETTLEMENT,
JEWISH FEDERATIONS OF NORTH							STEM PGM IN BEIT SHEAN,
AMERICA, INC 25 BROADWAY, STE.							YOUTH FUTURES, DUES,
1700 - NEW YORK, NY 10004	13-1624240	509 (A) (1)	11,252,932.	0.			ANNUAL SUPPORT
JEWISH HERITAGE FOUNDATION							
INTERNATIONAL INC 3611 14TH							
AVENUE, SUITE 217 - BROOKLYN, NY							
11218	52-2334845	509 (A) (1)	11,440.	0.			GENERAL SUPPORT
JEWISH HOME FOR THE ELDERLY OF			,				
FAIRFIELD COUNTY INCORPORATED -							
4200 PARK AVE BRIDGEPORT, CT							LAWRY MS HOUSE, GENERAL
06604	06-0846991	509 (A) (2)	10,000.	0.			, SUPPORT
JEWISH HOME LIFECARE, SARAH NEUMAN							
CENTER, WESTCHESTER - 845 PALMER							
AVENUE – MAMARONECK, NY 10543	13-3620568	509 (A) (2)	25,000.	0.			GENERAL SUPPORT
AVENOE MAMARONECK, NI 10345	15 5020500	505 (R) (Z)	23,000.	0.			SEMERAL SUITORI
JEWISH LEARNING CONNECTION							
WAXMAN TORAH CENTER							
UNIVERSITY HEIGHTS, OH 44121	34-1552628	509 (A) (2)	32,985.	0.			GENERAL OPERATING SUPPOR
/			,				
JEWISH LIFE							
15315 MAGNOLIA BLVD, SUITE 101							
SHERMAN OAKS, CA 91403	95-4731107	509 (A) (1)	15,000.	0.			GENERAL OPERATING SUPPOR
JEWISH NATIONAL FUND -KEREN				- •			
KAYEMETH LEISRAEL-, INC 78							WATER SOLUTIONS
RANDALL AVENUE - ROCKVILLE CENTRE							PROGRAM, REPAIRING
NY 11570	13-1659627	509 (A) (1)	73,183.	0.			HALUTZA, GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH THEOLOGICAL SEMINARY OF							
AMERICA - 3080 BROADWAY - NEW							
YORK, NY 10027	13-0887640	509 (A) (1)	10,000.	0.			GENERAL SUPPORT
JOHN CARROLL UNIVERSITY							
UNIVERSITY ADVANCEMENT							SCHOLARSHIP FUND, GENERA
UNIVERSITY HEIGHTS, OH 44118	34-0714681	509 (A) (1)	38,325.	0.			SUPPORT
JOSEPH AND FLORENCE MANDEL JEWISH							
DAY SCHOOL - 26500 SHAKER							SCHOLARSHIPS, GENERAL
BOULEVARD - BEACHWOOD, OH 44122	34-1043767	509 (A) (1)	3,059,475.	٥.			SUPPORT
ITA NIL NEL CORD							
JTA-MJL NEW CORP.							
24 W. 30TH ST., 4TH FL.	12 0007610		F0.000	•			
NEW YORK, NY 10001	13-0887610	509 (A) (I)	52,000.	0.			GENERAL SUPPORT
KAVOD - ENSURING DIGNITY FOR HOLOCAUST SURVIVORS - 820 S.							
MONACO PKWY, #234 - DENVER, CO							
80224	47-5495289	509 (A) (1)	65,000.	0.			GENERAL OPERATING SUPPOR
00224	47-5495289	503 (A) (1)	05,000.	0.			GENERAL OFERALING SOFFOR
KEREN YEHOSHUA V YISROEL INC.							
125 CAREY STREET							
LAKEWOOD, NJ 08701	22-3209160	509 (A) (1)	15,000.	0.			GENERAL OPERATING SUPPOR
KOL HALEV, INC.							
2245 WARRENSVILLE CENTER ROAD,							
SUITE 215 - UNIVERSITY HEIGHTS, OH							
44118	34-1817758	509 (A) (1)	13,582.	0.			GENERAL OPERATING SUPPOR
KOLLEL AVREICHIM							
2451 CLAVER RD.	46 1010644		355 750	_			
UNIVERSITY HTS., OH 44118	40-1812644	509 (A) (1)	355,759.	0.			GENERAL OPERATING SUPPOR
KOLLEL BNEI YESHIVAS							
2402 AVENUE P							
BROOKLYN, NY 11229	11-3014287	509 (A) (1)	70,000.	0.			GENERAL OPERATING SUPPOR

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOLLEL OF YOUNG ISRAEL							
2463 SOUTH GREEN ROAD							
BEACHWOOD, OH 44122	47-3539515	509 (A) (1)	97,432.	0.			GENERAL OPERATING SUPPOR
KOLLEL TORAH INC.							
17 OVERHILL ROAD							
MONSEY, NJ 10952	81-4125039	509 (A) (1)	18,000.	0.			GENERAL OPERATING SUPPOR
KOLLEL YCM							
2573 LARCHMONT ROAD							COVID19 SUPPORT, GENERAL
BEACHWOOD, OH 44122	47-5635505	509 (A) (1)	103,996.	0.			SUPPORT
L.A.N.D. STUDIO INC.							
1939 W. 25TH ST., STE. 200							
CLEVELAND, OH 44113	34-1212421	509 (A) (1)	6,375.	0.			GENERAL OPERATING SUPPOR
			,				
LAKE COUNTY FREE CLINIC							
125 E. ERIE STREET LOWER LEVEL							
PAINESVILLE, OH 44077	34-1081191	509 (A) (2)	7,500.	0.			GENERAL OPERATING SUPPOR
LAKE ERIE COUNCIL, BOY SCOUTS OF							
, AMERICA - 2241 WOODLAND AVENUE -							
CLEVELAND, OH 44115	34-0714322	509 (A) (1)	13,700.	0.			GENERAL OPERATING SUPPOR
LAKE ERIE INSTITUTE							
PO BOX 153							SACRED EARTH JUDAISM
GATES MILLS, OH 44040	82-0657143	509 (A) (2)	7,480.	0.			PROGRAM
LAURA & ALVIN SIEGAL COLLEGE OF							
JUDAIC STUDIES EDUCATIONAL							
FOUNDATION - 25701 SCIENCE PARK							
DRIVE - CLEVELAND , OH 44122	34-1771506	509 (A) (1)	194,960.	0.			GENERAL OPERATING SUPPOR
LAUREL SCHOOL							
ONE LYMAN CIRCLE							
SHAKER HEIGHTS, OH 44122	34-0714451	509 (A) (1)	21,046.	Ο.			GENERAL OPERATING SUPPOR

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(c) IRC section if applicable (d) Amount of cash grant	(e) Amount of (f) Method of non-cash valuation		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	(book, FMV, appraisal, other)		
LEGAL AID SOCIETY OF CLEVELAND							
1223 WEST 6TH STREET							HOUSING JUSTICE ALLIANCE
CLEVELAND, OH 44113	34-0866026	509 (A) (1)	33,600.	0.			CAMPAIGN FOR LEGAL AID
LEONARD AND SUSAN FUCHS MIZRACHI							
SCHOOL - 26600 SHAKER BOULEVARD -							CORONAVIRUS GRANT,
CLEVELAND, OH 44122	34-1400924	509 (A) (1)	1,053,502.	0.			GENERAL SUPPORT
LEUKEMIA & LYMPHOMA SOCIETY, INC.							
NATIONAL OFFICE							
RYE BROOK, NY 10573	13-5644916	509 (A) (1)	71,960.	0.			GENERAL OPERATING SUPPORT
LIFEACT							
210 BELL STREET							
CHAGRIN FALLS, OH 44022	34-1724365	509 (A) (1)	12,450.	0.			GENERAL OPERATING SUPPORT
LOS ANGELES REGIONAL FOOD BANK							
1734 E. 41ST STREET							
LOS ANGELES, CA 90058	95-3135649	509 (A) (1)	10,000.	0.			NORTHSTAR MOVING P2P
MAGNOLIA CLUBHOUSE INC.							
11101 MAGNOLIA DRIVE							
CLEVELAND, OH 44106	52-2441206	509 (A) (1)	7,800.	0.			GENERAL OPERATING SUPPOR
MAKE A WISH FOUNDATION OF GREATER							
OHIO KENTUCKY AND INDIANA -							
CORPORATE OFFICE - COLUMBUS, OH							
43235	34-1471131	509 (A) (2)	20,900.	0.			GENERAL OPERATING SUPPOR
							2021 MALTZ HERITAGE
MALTZ MUSEUM OF JEWISH HERITAGE							AWARD, MLK DAY
2929 RICHMOND ROAD							SPONSORSHIP, GENERAL
BEACHWOOD, OH 44122	04-3684531	509 (A) (1)	335,969.	5,000.			SUPPORT
MANDEL JEWISH COMMUNITY CENTER OF							CAMP WISE SUPPORT,
CLEVELAND - 26001 SOUTH WOODLAND							COVID19 SUPPORT, GENERAL
ROAD - BEACHWOOD, OH 44122	34-0714439	509 (A) (2)	3,175,220.	Ο.			SUPPORT

Schedule I (Form 990)	JEWISH	FEDERATION	OF	CLEVELAND
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Schedule I (Form 990) JEWISH FEDERAL							34-0/14445 Page
Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIE SELBY BOTANICAL GARDENS INC.							
1534 MOUND STREET							
SARASOTA, FL 34236	59-1848965	509 (A) (2)	7,500.	0.			GENERAL SUPPORT
MARTHA'S TABLE							
PO BOX 97260							
WASHINGTON, DC 20090	52-1186071	509 (A) (1)	10,000.	0.			GENERAL SUPPORT
MATAN B'SAYSER, INC.							
3528 BLANCHE AVENUE							
CLEVELAND HEIGHTS, OH 44118	34-1577230	509 (A) (1)	106,682.	0.			GENERAL SUPPORT
MEDWISH INTERNATIONAL							
1625 EAST 31ST STREET	24 1002712	509 (A) (1)	8,950.	0.			GENERAL OPERATING SUPPOR
CLEVELAND, OH 44114	34-1903712	509 (A) (I)	8,950.	0.			GENERAL OPERATING SUPPOR
MENORAH PARK							
27100 CEDAR ROAD							
CLEVELAND, OH 44122	34-0714443	509 (A) (1)	20,700.	٥.			GENERAL OPERATING SUPPOR
MENORAH PARK FOUNDATION							
27100 CEDAR ROAD							
CLEVELAND, OH 44122	34-1778478	509 (A) (1)	825,779.	5,000.			GENERAL OPERATING SUPPOR
MESORAH HERITAGE FOUNDATION							
313 REGINA AVENUE							GENERAL OPERATING
RAHWAY, NJ 07065	11-2981112	509 (A) (1)	12,500.	0.			PURPOSES
		(, (,	,500.				PHYSICAL MEDICINE AND
METROHEALTH FOUNDATION, INC.							REHABILITATION RESIDENCY
2500 METROHEALTH DRIVE							PROGRAM, EMPLOYEE
CLEVELAND, OH 44109	34-6607695	509 (A) (2)	24,800.	0.			HARDSHIP
MIDWEST CAMPERS INC							
2437 SOUTH GREEN RD							CAMP STONE SUPPORT, CAMP
BEACHWOOD, OH 44122	34-0897622	509 (A) (2)	75,980.	0.			SCHOLARSHIPS
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Schedule I	(Form 990)	JEWISH	FEDERATION	OF	CLEVELAND

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILESTONES AUTISM RESOURCES							
4853 GALAXY PARKWAY, SUITE A							
WARRENSVILLE HEIGHTS, OH 44128	20-0721205	509 (A) (1)	71,225.	0.			GENERAL OPERATING SUPPOR
MISSION EDGE SAN DIEGO							
PO BOX 12319							PROJECT: OG YOGA, GENERA
SAN DIEGO, CA 92112	27-2938491	509 (A) (1)	8,500.	0.			OPERATING SUPPORT
MOBILEMED1 INC.							
1950 RICHMOND RD. TR 205							
LYNDHURST, OH 44124	26-3858369	509 (A) (1)	9,950.	0.			GENERAL OPERATING SUPPORT
MOMENTUM UNLIMITED INC.							
6101 EXECUTIVE BLVD., STE. 240							
ROCKVILLE, MD 20852	38-3852989	509 (A) (1)	11,980.	0.			GENERAL OPERATING SUPPOR
MONTEFIORE FOUNDATION							
ONE DAVID N. MYERS PARKWAY	34-1788055	F09 (3) (1)	40 020	0.			SHINING STAR SUPPORT, GENERAL SUPPORT
BEACHWOOD, OH 44122	34-1708055	509 (A) (I)	48,830.	0.			GENERAL SUPPORT
MONTEFIORE HOME							
ONE DAVID N. MYERS PARKWAY							
BEACHWOOD, OH 44122	34-0714360	509 (A) (2)	373,082.	0.			GENERAL SUPPORT
MONTESSORI DEVELOPMENT							
PARTNERSHIPS - 975 EAST BLVD							
CLEVELAND, OH 44108	34-1658439	509 (A) (1)	10,000.	0.			GENERAL SUPPORT
NODGELTEE EOINDAETON ING							
MORSELIFE FOUNDATION INC.							
4847 DAVID S. MACK DRIVE	59-2774476	509 (A) (1)	7,000.	0.			GENERAL SUPPORT
WEST PALM BEACH, FL 33417	55-2//44/0	503 (A) (I)	7,000.	0.			SENERAL SUFFORT
MT. SINAI HEALTH CARE FOUNDATION							
10501 EUCLID AVE., 2ND FLOOR	24 4						GENERAL SUPPORT, NEW
CLEVELAND, OH 44106	34-1777878	509 (A) (3)	38,290.	0.		1	BUILDING SPACE

Schedule I	(Form 990)	JEWISH	FEDERATION	OF	CLEVELAND

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MUSEUM OF CONTEMPORARY ART CLEVELAND - 11400 EUCLID AVE							
CLEVELAND, OH 44106	34-1148828	509 (A) (2)	27,608.	0.			GENERAL SUPPORT
MUSICAL ARTS ASSOCIATION SEVERANCE HALL	24 0714469	509 (A) (1)	323,815.	0.			GENERAL OPERATING SUPPOR
CLEVELAND, OH 44106 MUSICAL UPCOMING STARS IN THE CLASSICS - 3939 LANDER ROAD -							SENERAL OFERATING SOFTOR
CHAGRIN FALLS, OH 44022	26-1830710	509 (A) (2)	10,000.	0.			GENERAL OPERATING SUPPOR
NAALEH CLEVELAND INC. 5010 MAYFIELD ROAD, SUITE 306							COVID19 SUPPORT, GENERAL
LYNDHURST, OH 44124	82-2610258	509 (A) (1)	92,364.	0.			SUPPORT
NAAMAT USA CLEVELAND COUNCIL 5001 MAYFIELD ROAD #317							DAY CARE AND CAREER
LYNDHURST, OH 44124	34-0737806	509 (A) (1)	7,812.	0.			TRAINING, GENERAL SUPPOR
NATIONAL ABOLITION HALL OF FAME AND MUSEUM - 5255 PLEASANT VALLEY ROAD - PETERBORO, NY 13134	20-8964286	509 (A) (1)	10,000.	0.			PROJECT: A NATION DIVIDE FOREVER UNITED
NATIONAL CONFERENCE ON SOVIET JEWRY - 1120 20TH ST. NW, SUITE							
300N - WASHINGTON, DC 20036	13-2700517	509 (A) (1)	10,500.	0.			GENERAL SUPPORT
NATIONAL COUNCIL OF JEWISH WOMEN INCORPORATED - CLEVELAND SECTION -							
WARRENSVILLE HEIGHTS, OH 44128	34-0714651	509 (A) (1)	61,005.	0.			GENERAL OPERATING SUPPORT
NATIONAL COUNCIL OF YOUNG ISRAEL 9580 ABBOTT AVE.							YOM KIPPUR MAFTIR,
SURFSIDE, FL 33154	65-0905878	509 (A) (1)	29,926.	Ο.			GENERAL OPERATING SUPPOR

Schedule I (Form 990) JEWISH FEDERATION OF CLEVELAND Part II Continuation of Grants and Other Assistance to Domest

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS							
SOCIETY - NATIONAL HEADQUARTERS -							
NEW YORK, NY 10017	13-5661935	509 (A) (1)	53,191.	0.			GENERAL SUPPORT
NATIONAL SOCIETY FOR HEBREW DAY							
SCHOOLS - 620 FOSTER AVE							
BROOKLYN, NY 11230	13-5564128	509 (A) (1)	411,500.	0.			GENERAL SUPPORT
NCH HEALTHCARE SYSTEMS, INC.							
350 7TH STREET NORTH							
NAPLES, FL 34102	59-2314655	509 (A) (1)	7,500.	0.			GENERAL SUPPORT
NEAR WEST THEATRE INC.							
6702 DETROIT AVE.							GENERAL OPERATING SUPPOR
CLEVELAND, OH 44102	34-1881815	509 (A) (2)	5,100.	0.			FOR NEW SEASON
NEGEV FOUNDATION							
2121 SOUTH GREEN ROAD, SUITE 210	34-1690546		11 514	0.			GENERAL OPERATING SUPPOR
SOUTH EUCLID, OH 44121 NETWORK OF JEWISH HUMAN SERVICES	34-1090540	509 (A) (I)	11,514.	0.			GENERAL OPERATING SUPPOR
AGENCIES, INC 50 EISENHOWER							
DRIVE, SUITE 100 - PARAMUS, NJ							
07652	13-2752418	509 (A) (2)	7,800.	0.			GENERAL OPERATING SUPPOR
NEW ISRAEL FUND							
PO BOX 70358							GAZA COVID, GENERAL
PHILADELPHIA, PA 19176	94-2607722	509 (A) (1)	157,850.	0.			OPERATING SUPPORT
,,,			,				
NEW YORK FOUNDATION FOR THE ARTS,							
INC 20 JAY STREET, SUITE 740 -							
BROOKLYN, NY 11201	23-7129564	509 (A) (1)	22,500.	0.			GENERAL OPERATING SUPPOR
NEW YORK SHAKESPEARE FESTIVAL							
425 LAFAYETTE STREET							
NEW YORK, NY 10003	13-1844852	509 (A) (1)	8,500.	0.			GENERAL OPERATING SUPPOR

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Part II Continuation of Grants and Other A			s and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	34-0714445 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NF FORWARD							
1074 WOODWARD AVE.							
DETROIT, MI 48226	82-1672519	509 (A) (1)	13,000.	0.			GENERAL OPERATING SUPPOR
NINA AND NORMAN WAIN FAMILY FOUNDATION - 25701 SCIENCE PARK							
DR CLEVELAND, OH 44122	31-1502119	509 (A) (3)	138,727.	0.			GENERAL OPERATING SUPPOR
NORTHEAST OHIO COALITION FOR THE HOMELESS - 3631 PERKINS AVENUE, 3A-3 - CLEVELAND, OH 44114	34-1590112	509 (A) (1)	8,950.	0.			COVID19 SUPPORT. GENERAL SUPPORT
NORTHEAST OHIO CURLING CLUB 3648 ELM BROOK DRIVE							
BROADVIEW HEIGHTS, OH 44147	83-4370565	509 (A) (2)	10,000.	0.			GENERAL OPERATING SUPPOR
NORTHWESTERN UNIVERSITY OFFICE OF ANNUAL GIVING EVANSTON, IL 60208	36-2167817	509 (A) (1)	43,550.	0.			GENERAL OPERATING SUPPOR
OHEB ZEDEK - CEDAR SINAI SYNAGOGUE			,	-			
23749 CEDAR ROAD CLEVELAND, OH 44122	34-0859259	509 (A) (1)	33,530.	0.			GENERAL OPERATING SUPPOR
OHIO ENVIRONMENTAL COUNCIL							PROJECT: OHIO PROGRESSIV
1145 CHESAPEAKE AVE., SUITE I COLUMBUS, OH 43212	31-0805578	509 (A) (1)	28,300.	0.			COLLABORATIVE EDUCATION FUND
OHIO STATE UNIVERSITY FOUNDATION PO BOX 710811							
COLUMBUS, OH 43271	31-1145986	509 (A) (1)	8,200.	0.			GENERAL OPERATING SUPPOR
OHR TORAH STONE INSTITUTIONS OF ISRAEL - 49 WEST 45TH STREET, #701							
- NEW YORK, NY 10036	13-3275531	509 (A) (1)	20,800.	0.			GENERAL OPERATING SUPPOR

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONWARD ISRAEL USA INC.							
633 3RD AVENUE, 21ST FLOOR							
NEW YORK, NY 10017	81-2507413	509 (A) (1)	10,000.	0.			GENERAL OPERATING SUPPOR
OPERATION OPEN CURTAIN - GEMILAS			,				
CHESED FOR RUSSIAN JEWS - 230							
FIFTH AVENUE, SUITE 918 - NEW							
YORK, NY 10001	23-7167089	509 (A) (1)	154,100.	0.			GENERAL OPERATING SUPPOR
ORT AMERICA, INC.							
24100 CHAGRIN BLVD., SUITE 300							HONORING OUR HEROES,
BEACHWOOD, OH 44122	13-5562424	509 (A) (1)	56,925.	0.			GENERAL SUPPORT
	10 0001111	505 (11) (1)					
OSTARA							
25701 SCIENCE PARK DR.							
CLEVELAND, OH 44122	31-1606934	509 (A) (3)	52,713.	0.			GENERAL OPERATING SUPPOR
				- •			
OSU CHABAD HOUSE, INC.							
SCHOTTENSTEIN CHABAD HOUSE							
COLUMBUS, OH 43201	31-1427001	509 (A) (1)	5,720.	0.			GENERAL OPERATING SUPPOR
,							
PALM BEACH ORTHODOX SYNAGOGUE INC.							
120 NORTH COUNTY ROAD							
PALM BEACH, FL 33480	65-0478910	509 (A) (1)	110,000.	0.			GENERAL OPERATING SUPPOR
,			,				
PARK AVENUE SYNAGOGUE							
50 EAST 87TH STREET							
NEW YORK, NY 10128	13-1659707	509 (A) (1)	10,000.	0.			GENERAL OPERATING SUPPOR
,			,				
PARK SYNAGOGUE							
27500 SHAKER BOULEVARD							SYNAGOGUE SUPPORT,
PEPPER PIKE, OH 44124	34-0714533	509 (A) (1)	474,922.	10,000.			GENERAL SUPPORT
· ·			,	, ,			
PARTNERS IN TORAH OF CLEVELAND,							
INC 14455 EAST CARROLL BLVD							
UNIVERSITY HTS., OH 44118	47-1209575	509 (A) (1)	10,180.	0.			GENERAL OPERATING SUPPOR

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEDIATRIC AND FAMILY MEDICAL							
CENTER - 1530 SOUTH OLIVE STREET -							
LOS ANGELES, CA 90015	95-1690966	509 (A) (1)	5,375.	0.			GENERAL OPERATING SUPPORT
	2020200			•			
PENIMI INC.							
1266 56TH STREET							
BROOKLYN, NY 11219	81-1789981	509 (A) (1)	10,000.	0.			GENERAL OPERATING SUPPORT
PIANO INTERNATIONAL ASSOCIATION OF							
NORTHERN OHIO - 20600 CHAGRIN							
BLVD., STE 1110 - SHAKER HEIGHTS,							
OH 44122	34-1774615	509 (A) (1)	46,900.	0.			GENERAL OPERATING SUPPORT
PINE CREST PREPARATORY SCHOOL INC. 1501 N.E. 62ND STREET	50 0000000						
FORT LAUDERDALE, FL 33334	59-0861374	509 (A) (1)	50,000.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC 123 WILLIAM STREET, 10TH FLOOR - NEW YORK, NY							
10038	13-1644147	509 (A) (1)	6,300.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD HUDSON PECONIC INC 570 TAXTER ROAD, SUITE 250 - ELMSFORD, NY 10523	11-2454790	509 (A) (1)	6,000.	0.			GENERAL OPERATING SUPPOR
PLANNED PARENTHOOD OF GREATER OHIO 206 EAST STATE STREET							
COLUMBUS, OH 43215	34-1015976	509 (A) (1)	61,410.	0.			GENERAL OPERATING SUPPORT
PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVENUE, SUITE 200 CLEVELAND, OH 44115	23-7304942	509 (A) (1)	83,716.	0.			DONOR CIRCLE, EDUCATIONA PROGRAMMING, COVID19 SUPPORT
PM FOUNDATION, INC. 4909 LORAIN AVENUE CLEVELAND, OH 44102	34-6608706	509 (A) (1)	9,600.	0.			GENERAL OPERATING SUPPOR

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESIDENT AND FELLOWS OF HARVARD							
COLLEGE - PO BOX 419209 -							
CAMBRIDGE, MA 02241	04-2103580	509 (A) (1)	9,450.	0.			EDUCATIONAL PROGRAMMING
PRETERM CLEVELAND, INC.							
12000 SHAKER BOULEVARD							
CLEVELAND, OH 44120	23-7314836	509 (A) (2)	5,600.	0.			GENERAL OPERATING SUPPORT
PROJECT WITNESS							
201 FOSTER AVE.							
BROOKLYN, NY 11230	11-3456787	509 (A) (1)	25,000.	0.			GENERAL OPERATING SUPPORT
PROVIDENCE HOUSE, INC.							
2050 W. 32ND ST.							
CLEVELAND, OH 44113	34-1336325	509 (A) (1)	8,250.	0.			GENERAL OPERATING SUPPORT
RABBINICAL COLLEGE OF TELSHE, INC.							
28400 EUCLID AVENUE							HOLOCAUST EDUCATION,
WICKLIFFE, OH 44092	34-0801310	509 (A) (1)	286,024.	0.			GENERAL SUPPORT
RATNER SCHOOLS							
27575 SHAKER BOULEVARD							
PEPPER PIKE, OH 44124	34-1367106	509 (A) (1)	27,250.	0.			GENERAL SUPPORT
RECONSTRUCTIONIST RABBINICAL							
COLLEGE - 1299 CHURCH ROAD -							
WYNCOTE, PA 19095	23-1710675	509 (A) (1)	5,100.	0.			RECONSTRUCTING JUDAISM
REGENTS OF THE UNIVERSITY OF							
MICHIGAN - OFFICE OF DEVELOPMENT -							COVID19 SUPPORT, GENERAL
ANN ARBOR, MI 48109	38-6006309	509 (A) (1)	85,350.	0.			& EDUCATIONAL SUPPORT
RELIGIOUS ZIONIST YOUTH MOVEMENT -			, ,				
BNEI AKIVA OF US & CANADA -							
NATIONAL OFFICE - NEW YORK, NY							
10018	13-3713762	509 (A) (2)	5,250.	Ο.			GENERAL OPERATING SUPPOR

Schedule I (Form 990)	JEWISH	FEDERATION	OF	CLEVELAND
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Schedule I (Form 990) JEWISH FEDERAL				(Cala			34-0714445 Page		
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
REPAIR THE WORLD									
DEVELOPMENT DEPT, PO BOX 2015									
NEW YORK, NY 10101	36-4524686	509 (A) (1)	16,680.	0.			GENERAL OPERATING SUPPOR		
ROCK AND ROLL HALL OF FAME AND									
MUSEUM, INC DEVELOPMENT									
DEPARTMENT - CLEVELAND, OH 44114	34-1520995	509 (A) (1)	77,700.	0.			GENERAL OPERATING SUPPOR		
RONALD MCDONALD HOUSE CHARITIES OF									
NORTHEAST OHIO, INC 10415									
EUCLID AVENUE - CLEVELAND, OH									
44106	34-1269123	509 (A) (1)	8,950.	0.			GENERAL OPERATING SUPPOR		
SALVATION ARMY									
CLEVELAND CHAPTER	12 5562251		22 720	0.			CENEDAL ODEDATING GUDDOD		
CLEVELAND, OH 44115	13-5562351	509 (A) (I)	22,730.	0.			GENERAL OPERATING SUPPOR		
SANTA FE COMMUNITY FOUNDATION									
P.O. BOX 1827									
SANTA FE, NM 87504	85-0303044	509 (A) (1)	6,000.	0.			GENERAL OPERATING SUPPOR		
			,						
SECURE COMMUNITY NETWORK, INC.									
25 BROADWAY #1700									
NEW YORK, NY 10004	20-1437733	509 (A) (1)	13,000.	0.			GENERAL OPERATING SUPPOR		
SEGULA									
2030 SOUTH TAYLOR ROAD	24 1022410		20.962	0.			GENERAL SUPPORT		
CLEVELAND, OH 44118	34-1832419	509 (A) (I)	30,862.	0.			GENERAL SUPPORT		
SEMACH SEDEK RIAS									
2004 SOUTH GREEN ROAD							COVID19 SUPPORT, GENERAL		
SOUTH EUCLID, OH 44121	34-1754767	509 (A) (1)	71,060.	0.			SUPPORT		
SHAKER HEIGHTS DEVELOPMENT									
CORPORATION - 3400 LEE RD									
SHAKER HEIGHTS, OH 44120	34-1314225	509 (A) (1)	25,000.	0.			GENERAL OPERATING SUPPOR		

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAKER LAKES REGIONAL NATURE							
CENTER - 2600 SOUTH PARK BOULEVARD							
- CLEVELAND, OH 44120	34-6576569	509 (A) (1)	15,250.	0.			GENERAL OPERATING SUPPOR
SHAKER SCHOOLS FOUNDATION							
L5600 PARKLAND DRIVE							
SHAKER HEIGHTS, OH 44120	34-1351470	509 (A) (1)	18,550.	0.			GENERAL OPERATING SUPPOR
SHALOM HARTMAN INSTITUTE OF NORTH							
AMERICA - 475 RIVERSIDE DRIVE,							
SUITE 1450 - NEW YORK, NY 10115	13-3014387	509 (A) (1)	5,250.	0.			GENERAL OPERATING SUPPOR
SHEFA SCHOOL INC.							
40 EAST 29TH STREET				_			
NEW YORK, NY 10016	47-2048496	509 (A) (1)	18,100.	0.			GENERAL OPERATING SUPPOR
SHOES AND CLOTHES FOR KIDS, INC.							
3631 PERKINS AVE.							KICKS FOR KIDS CAMPAIGN
CLEVELAND, OH 44114	34-1554285	509 (A) (1)	32,778.	0.			GENERAL SUPPORT
SIMON WIESENTHAL CENTER							
1399 SOUTH ROXBURY DRIVE							
LOS ANGELES, CA 90035	95-3964928	509 (A) (1)	23,930.	0.			GENERAL OPERATING SUPPOR
SISTERS OF THE HUMILITY OF MARY P.O. BOX 534							
VILLA MARIA, PA 16155	25-0989253	509 (2) (1)	10,000.	0.			GENERAL OPERATING SUPPOR
VIIIIA MARIA, FA 10133	23-0909233	509 (R) (1)	10,000.	0.			GENERAL OFERALING SUFFOR
SKY'S THE LIMIT FUND							
SOBRATO CENTER FOR NONPROFITS							
MILPITAS, CA 95035	27-2592172	509 (A) (1)	10,000.	0.			GENERAL OPERATING SUPPOR
SMITHSONIAN INSTITUTION							
P.O. BOX 37012, MRC 035							
WASHINGTON, DC 20013	53-0206027	509 (A) (1)	6,100.	Ο.			GENERAL OPERATING SUPPOR

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
(a) Name and address of organization or government	(b) EIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
SOCIETY OF THE FOUR ARTS							
100 FOUR ARTS PLAZA							
PALM BEACH, FL 33480	59-0454318	509 (A) (1)	12,500.	0.			GENERAL OPERATING SUPPOR
SOUTHERN CALIFORNIA INSTITUTE OF							
ARCHITECTURE - 960 EAST 3RD STREET							
- LOS ANGELES, CA 90013	95-2789388	509 (A) (1)	25,000.	0.			GENERAL OPERATING SUPPOR
SOUTHERN POVERTY LAW CENTER, INC.							
400 WASHINGTON AVENUE							
MONTGOMERY, AL 36104	63-0598743	509 (A) (1)	7,750.	0.			GENERAL OPERATING SUPPOR
SPACES 2900 DETROIT AVENUE							
CLEVELAND, OH 44113	34-1244922	509 (3) (1)	7,350.	0.			GENERAL OPERATING SUPPOR
CHEVELAND, ON 44115	54-1244922	509 (R) (I)	7,350.	0.			GENERAL OFERALING SOFFOR
ST. JUDE CHILDRENS RESEARCH							
HOSPITAL - 501 ST. JUDE PLACE -							
MEMPHIS, TN 38105	62-0646012	509 (A) (1)	10,580.	0.			GENERAL OPERATING SUPPOR
ST. VINCENT CHARITY MEDICAL CENTER							
2351 E. 22ND ST.							
CLEVELAND, OH 44115	34-0714756	509 (A) (1)	5,500.	0.			GENERAL OPERATING SUPPOR
SUBURBAN TEMPLE - KOL AMI							
22401 CHAGRIN BOULEVARD							
BEACHWOOD, OH 44122	34-0760596	509 (A) (1)	53,525.	0.			SYNAGOGUE SUPPORT
TEACH FOR AMERICA, INC.							
GREATER CLEVELAND REGION							
SAN FRANCISCO, CA 94139	13-3541913	509 (A) (1)	10,500.	0.			GENERAL OPERATING SUPPOR
TEACHERS COLLEGE, COLUMBIA							
UNIVERSITY - 525 W. 120TH ST., BOX							COMMUNITY SCHOOL, SCIENC
306 - NEW YORK, NY 10027	13-1624202	509 (A) (1)	8,000.	0.			EDUCATION: ROBOTICS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE BETH AM							SYNAGOGUE SUPPORT,
1039 SOUTH LACIENEGA BLVD.							PRESSMAN ACADEMY
LOS ANGELES, CA 90035	95-1656370	509 (A) (1)	7,440.	0.			GRANDPARENTS FD
TEMPLE EMANU EL 4545 BRAINARD ROAD							
ORANGE VILLAGE, OH 44022	34-0806503	509 (A) (1)	19,950.	0.			GENERAL OPERATING SUPPORT
TEMPLE JUDEA OF PALM BEACH COUNTY, INC 4311 HOOD ROAD - PALM BEACH							
GARDENS, FL 33410	59-2100649	509 (A) (1)	6,755.	0.			SYNAGOGUE SUPPORT
TEMPLE SPECIAL FUNDS RESTRICTED							
26000 SHAKER BOULEVARD BEACHWOOD, OH 44122	34-0714713	509 (A) (1)	166,793.	٥.			SYNAGOGUE SUPPORT, GENERAL SUPPORT
THE HARRY RATNER HUMAN SERVICES FD 25701 SCIENCE PARK DRIVE CLEVELAND , OH 44122	34-1360076	509 (A) (1)	24,000.	0.			GENERAL SUPPORT
THE TURN ONE GOLFVIEW LANE NORTH OLMSTED, OH 44070	34-6519665	509 (A) (2)	9,250.	0.			GENERAL OPERATING SUPPOR
TORAH HIGH OF CLEVELAND 25400 FAIRMOUNT BLVD.							
BEACHWOOD, OH 44122	47-1477057	509 (A) (1)	61,014.	٥.			GENERAL OPERATING SUPPOR
TORAH INSTITUTE INC. 56 AMSTERDAM AVENUE							
PASSAIC, NJ 07055	22-2394502	509 (A) (1)	7,800.	0.			GENERAL OPERATING SUPPOR
TORAH LIFE INSTITUTE OF CLEVELAND 1861 SOUTH TAYLOR ROAD							
CLEVELAND HEIGHTS, OH 44118	34-1837292	509 (A) (1)	114,602.	٥.			GENERAL OPERATING SUPPOR

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOV VCHESED FOUNDATION INC.							
PO BOX 855							
MONSEY, NY 10952	27-3994158	509 (A) (1)	125,000.	0.			GENERAL OPERATING SUPPOR
TRUE FAST OUTREACH MINISTRIES							
638 SIXTH ST. WEST PALM BEACH, FL 33401	30-0194610	509 (A) (1)	10,000.	0.			GENERAL OPERATING SUPPOR'
		(, (,					
TRUSTEES OF BOSTON UNIVERSITY							CENTER FOR ANTIRACIST
DEVELOPMENT & ALUMNI RELATIONS							RESEARCH, SCHOLARSHIPS,
BOSTON, MA 02215	04-2103547	509 (A) (1)	9,550.	0.			GENERAL SUPPORT
TRUSTEES OF THE UNIVERSITY OF							
PENNSYLVANIA - 2929 WALNUT STREET,							
SUITE 300 - PHILADELPHIA, PA 19104	23-1352685	509 (A) (1)	85,400.	0.			GENERAL OPERATING SUPPOR
UC SAN DIEGO FOUNDATION							
9500 GILMAN DRIVE, MAIL CODE 0940							ART POWER, CHANCELLORS
LA JOLLA, CA 92093	95-2872494	509 (A) (1)	6,000.	0.			ASSOCIATES
							RELIGIOUS ACTION
UNION FOR REFORM JUDAISM							CENTER, GOLDMAN UNION CAM
NATIONAL HEADQUARTERS							INSTITUTE, SCHOLARSHIP
NEW YORK, NY 10017	13-1663143	509 (A) (1)	20,350.	0.			FUND
UNION OF ORTHODOX JEWISH							
CONGREGATIONS OF AMERICA - 11							JEWISH LEARNING
BROADWAY, 13TH FLOOR - NEW YORK,							INITIATIVE ON CAMPUS,
NY 10004	13-5623717	509 (A) (1)	8,608.	0.			GENERAL SUPPORT
UNITED BLACK FUND GREATER							
CLEVELAND, INC 1621 EUCLID							
AVENUE, #1200 - CLEVELAND, OH							
44115	34-1366892	509 (A) (1)	10,000.	0.			GENERAL SUPPORT
UNITED JEWISH CEMETERIES							
2749 MAYFIELD ROAD							
		509 (A) (3)	5,955.	0.			GENERAL OPERATING SUPPOR

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES HOLOCAUST MEMORIAL							
COUNCIL - 100 RAOUL WALLENBERG							
PLACE S.W WASHINGTON, DC 20024	52-1309391	509 (A) (1)	76,270.	0.			GENERAL OPERATING SUPPOR
JNITED WAY OF GREATER CLEVELAND							
1331 EUCLID AVENUE							
CLEVELAND, OH 44115	34-6516654	509 (A) (1)	263,681.	0.			GENERAL OPERATING SUPPOR
JNIVERSITY CIRCLE INCORPORATED							CIRCLE EXPLORER SUMMER
L0831 MAGNOLIA DRIVE							CAMP, SUPPORT WADE OVAL
CLEVELAND, OH 44106	34-0823464	509 (A) (2)	39,750.	0.			WEDNESDAY
JNIVERSITY HOSPITALS HEALTH			, ,				
SYSTEMS INC INSTITUTIONAL							COVID19 SUPPORT, RAINBOW
RELATIONS & DEVELOPMENT -							BABIES & CHILDRENS
CLEVELAND, OH 44106	34-0714775	509 (A) (1)	1,715,856.	0.			HOSPITAL, GENERAL SUPPOR
JNIVERSITY OF CALIFORNIA SAN							
FRANCISCO FOUNDATION - PO BOX							WATERMELON: UBIQUINONE,
45339 - SAN FRANCISCO, CA 94145	94-2829914	509 (A) (1)	17,600.	0.			EXECUTIVE HEALTH SERVICE
JNIVERSITY OF CHICAGO							
GIFTS AND RECORD SERVICES							EDUCATIONAL SUPPORT,
CHICAGO, IL 60615	36-2177139	509 (A) (1)	5,250.	0.			, GENERAL OPERATING SUPPOR
UNIVERSITY SCHOOL							
2785 SOM CENTER ROAD							EDUCATIONAL SUPPORT,
HUNTING VALLEY, OH 44022	34-0714720	509 (A) (1)	11,650.	0.			GENERAL OPERATING SUPPOR
,		(, (-,	,				
VALUES IN ACTION FOUNDATION							
5700 BETA DRIVE, SUITE 120							
MAYFIELD, OH 44143	34-1795459	509 (A) (1)	10,450.	0.			GENERAL OPERATING SUPPOR
VANDERBILT UNIVERSITY							
GIFT AND DONOR SERVICES							EDUCATIONAL SUPPORT,
NASHVILLE, TN 37240	62-0476822	509 (A) (1)	25,250.	Ο.			GENERAL OPERATING SUPPOR

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOCATIONAL GUIDANCE SERVICES							
2239 EAST 55TH STREET							
CLEVELAND, OH 44103	34-0714650	509 (A) (1)	5,600.	٥.			GENERAL OPERATING SUPPOR
WASHINGTON INSTITUTE FOR NEAR EAST							
POLICY - 1111 19TH ST. NW, SUITE							
500 - WASHINGTON, DC 20036	52-1376034	509 (A) (1)	122,500.	0.			GENERAL OPERATING SUPPOR
WASHINGTON UNIVERSITY							
ONE BROOKINGS DR.							
ST. LOUIS, MO 63130	43-0653611	509 (A) (1)	5,950.	0.			GENERAL OPERATING SUPPOR
WESTERN RESERVE ACADEMY							
115 COLLEGE STREET	34-0714390		F 200				CENERAL OPERATING CURROR
HUDSON, OH 44236	34-0714390	509 (A) (I)	5,300.	0.			GENERAL OPERATING SUPPOR
WESTERN RESERVE HISTORICAL SOCIETY							
10825 EAST BOULEVARD							JEWISH ARCHIVES, GENERAL
CLEVELAND, OH 44106	34-0714724	509 (A) (1)	33,255.	0.			SUPPORT
WESTERN RESERVE LAND CONSERVANCY							
3850 CHAGRIN RIVER RD.							GARDEN OF 11 ANGELS,
MORELAND HILLS, OH 44022	34-1571233	509 (A) (1)	33,550.	0.			GENERAL SUPPORT
	54 1571255	505 (II) (I)					
WILLOWS COMMUNITY SCHOOL							
8509 HIGUERA STREET							
CULVER CITY, CA 90232	95-4466863	509 (A) (1)	6,000.	0.			GENERAL SUPPORT
WORLD MEDIA FOUNDATION INC.							
PO BOX 990007							
BOSTON, MA 02199	04-3150786	509 (A) (1)	5,400.	0.			LIVING ON EARTH PROGRAM
YALE UNIVERSITY CONTRIBUTION PROCESSING OFFICE							EDUCATIONAL SUPPORT,
NEW HAVEN, CT 06521	06-0646973	509 (A) (1)	26,200.	0.			GENERAL OPERATING SUPPOR
ALIA INIVEN, CI 00321	00 0040973	202 (A) (I)		U.		1	PERENAL OF EXALTING SUPPO

Schedule I (Form 990)	JEWISH	FEDERATION	OF	CLEVELAND
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Schedule I (Form 990) JEWISH FEDERAL				(Cala			34-0/14445 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section (c) if applicable	(d) Amount of cash grant	(Schein (Scheiner) (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
YESHIVA AHAVAS HATORAH							
14480 SUMMERFIELD RD.	20 2027120		62 017	0			
UNIVERSITY HEIGHTS, OH 44118	38-383/139	509 (A) (1)	63,017.	0.			GENERAL SUPPORT
YESHIVA DERECH HATORAH							
1508 WARRENSVILLE CENTER ROAD							EDUCATIONAL SUPPORT,
CLEVELAND HTS., OH 44121	47-4574851	509 (A) (1)	1,271,840.	0.			, COVID19 & GENERAL SUPPOR
YESHIVA GEDOLAH IMREI YOSEF							
DSPINKA INC 1466 56TH ST							
BROOKLYN, NY 11219	11-2960037	509 (A) (1)	70,000.	0.			GENERAL OPERATING SUPPORT
YESHIVA KTANA OF PASSAIC							
1 MAIN AVE.							
PASSAIC, NJ 07055	22-2823304	509 (A) (1)	5,400.	0.			GENERAL OPERATING SUPPOR
YESHIVA OF CLEVELAND							
1516 WARRENSVILLE ROAD	82-0667400	509 (A) (1)	87,500.	0.			GENERAL OPERATING SUPPOR
CLEVELAND, OH 44121	82-0667400	505 (A) (1)	87,500.	0.			GENERAL OPERATING SUPPOR
YESHIVA TORAS MENACHEM							
1990 SWARTHMORE AVE.							
LAKEWOOD, NJ 08701	26-2931164	509 (A) (1)	6,000.	0.			GENERAL OPERATING SUPPOR'
· · · · ·			,				
YESHIVA UNIVERSITY							
500 W. 185TH ST.							EMERGENCY SCHOLARSHIP
NEW YORK, NY 10033	13-1624225	509 (A) (1)	35,000.	0.			CAMPAIGN, GENERAL SUPPOR
YOUNG WOMENS CHRISTIAN ASSOCIATION							
OF CLEVELAND, OHIO - 4019 PROSPECT							21 DAY CHALLENGE, GENERA
AVENUE - CLEVELAND, OH 44103	34-0714800	509 (A) (2)	17,350.	0.			SUPPORT
TANKE ODGANIZATION OF AMERICA							
ZIONIST ORGANIZATION OF AMERICA							
633 THIRD AVENUE, SUITE 31-B	13-5628475	509 (3) (1)	7 7 8 0	0.			GENERAL SUPPORT
NEW YORK, NY 10017	13-30204/5	DUJ (A) (I)	7,780.	υ.			GENERAL SUPPORT

Schedule I (Form 990) 2020

JEWISH FEDERATION OF CLEVELAND

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information red	I Nuirod in Dort L lin	l o O: Dort III. oolumn	(b); and any other as	 ditional information	1

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL GRANTEES ARE SUBJECT TO PRE-GRANT REVIEWS THROUGH GUIDESTAR TO CONFIRM

THEIR INCLUSION IN THE IRS' EXEMPT ORGANIZATION MASTER FILE (501(C)(3)

STATUS AND PUBLIC CHARITY CLASSIFICATION), AND A REVIEW TO CONFIRM THAT THE

GRANTEE IS NOT ON THE OFAC LIST ("US TREASURY OFFICE OF FOREIGN ASSETS

CONTROL LIST OF SPECIALLY DESIGNATED NATIONALS AND BLOCKED PERSONS").

STATEMENTS AND DOCUMENTATION ARE OBTAINED FROM EACH NEW GRANTEE, INCLUDING

A COPY OF ITS IRS DETERMINATION LETTER; MISSION STATEMENT; THE NAMES OF THE

GRANTEE'S BOARD MEMBERS AND CHIEF PROFESSIONAL; AND A SIGNED STATEMENT

Schedule I (Form 990) JEWISH FEDERATION OF CLEVELAND	34-0714445	Page 2
Part IV Supplemental Information		
CONFIRMING THE GRANTEE'S SECTION 501(C)(3) STATUS AND PUBLIC CHARITY		
CLASSIFICATION AND CERTIFYING THAT GRANTS MADE TO THE GRANTEE WILL BE USED		
ONLY FOR CHARITABLE PURPOSES, WILL NOT RESULT IN GOODS OR SERVICES BEING		
PROVIDED IN RETURN TO ANY PERSON, AND THAT THE ORGANIZATION IS IN		
COMPLIANCE WITH U.S. LAW REGARDING NO USE OF FUNDS FOR TERRORIST		
ACTIVITIES. ALLOCATIONS FROM THE ANNUAL CAMPAIGN FOR JEWISH NEEDS AND		
ENDOWMENT FUND GRANTS ARE FURTHER EVALUATED BEFORE THE GRANTS ARE MADE,		
INCLUDING, WHERE APPROPRIATE, REVIEW OF BUDGET INFORMATION, AND ARE		
MONITORED AFTERWARDS BY THE STAFF OF THE FEDERATION'S PLANNING, ALLOCATION		
AND ENDOWMENT DEPARTMENTS THROUGH WRITTEN REPORTS, AND WHERE APPROPRIATE,		
SITE VISITS. FURTHER, GRANTEES WHO RECEIVE SUCH ENDOWMENT FUND GRANTS ARE		
REQUIRED TO SIGN A GRANT AWARD LETTER THAT STIPULATES THE TERMS AND		
CONDITIONS OF THE GRANT INCLUDING HOW THE GRANT FUNDS ARE TO BE SPENT, OVER		
WHAT PERIOD OF TIME, AND REPORTING REQUIREMENTS. CERTAIN GRANTEES ARE		
REQUIRED TO COMPLETE A GRANT USE REPORT.		
THE FEDERATION REPORTS GRANTS ON SCHEDULE I TO VARIOUS 501(C)(3) DOMESTIC		

U.S. CHARITIES WHICH, AS PART OF THEIR ACTIVITIES, FUND OVERSEAS PROJECTS.

SOME OF THE GRANTS INCLUDE RECOMMENDATIONS THAT SUCH GRANTS BE USED TO

SUPPORT CERTAIN FOREIGN CHARITABLE ORGANIZATIONS OR THEIR PROJECTS. SUCH

RECOMMENDATIONS ARE ADVISORY ONLY AND SUCH U.S. ORGANIZATIONS MAKE THE

FUNDING DECISIONS. THESE U.S. TAX-EXEMPT ORGANIZATIONS ARE EXPECTED TO FILE

SEPARATE FORM 990'S WITH A SCHEDULE F FOR THEIR GRANTS TO FOREIGN GRANTEES.

GRANTS TO DOMESTIC 501(C)(3) ORGANIZATIONS THAT SUPPORT A SINGLE FOREIGN

ENTITY HAVE BEEN INCLUDED ON SCHEDULE F.

PART II, LINE 1, COLUMN (H):

032291 04-01-20

Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: CLEVELAND BLACK FUTURES FUND, FUND
FIRST GIVING CIRCLE, GTR CLEVE DIGITAL EQUITY, PHILANTHROPIC PROGRAM
SUPPORT
032291 04-01-20 Schedule I (Form 990)

98

2020.05095 JEWISH FEDERATION OF CLEV 34-07142

 $09530516 \ 130236 \ 34-0714445$

SCHEDULE J						1545-004	47		
	rm 990)	-	s, Trustees, Key Employees, and Highest		20	ົງດ			
			ensated Employees swered "Yes" on Form 990, Part IV, line 23.		20	ZU)		
Depa	tment of the Treasury	► Atta	ch to Form 990.		Open to		ic		
	al Revenue Service		for instructions and the latest information.	E	Inspection				
Nam	e of the organization				r identification number				
Da	rt I Question	JEWISH FEDERATION OF CLEVELA Regarding Compensation	AND	34-07	14445				
Га		Regarding Compensation				Vee			
10	Chock the appropri	ate box(es) if the organization provided any of	the following to or for a person listed on Form	000		Yes	No		
1a		line 1a. Complete Part III to provide any releva		990,					
	X First-class or c		Housing allowance or residence for person	معايا ادم					
	X Travel for com		Payments for business use of personal res						
		ation and gross-up payments	Health or social club dues or initiation fees						
		pending account	Personal services (such as maid, chauffeu						
				,					
b	If any of the boxes	on line 1a are checked, did the organization fo	ollow a written policy regarding payment or						
	•	rovision of all of the expenses described above	· · · · · · · · · · · · · · · · · · ·		1b		x		
2	•	require substantiation prior to reimbursing o							
			arding the items checked on line 1a?		2	х			
	·		•						
3	Indicate which, if a	y, of the following the organization used to es	stablish the compensation of the organization's						
	CEO/Executive Dire	ctor. Check all that apply. Do not check any b	poxes for methods used by a related organization	on to					
	establish compensa	tion of the CEO/Executive Director, but expla	iin in Part III.						
	X Compensation	committee	Written employment contract						
	Independent of	ompensation consultant	X Compensation survey or study						
	X Form 990 of o	her organizations	X Approval by the board or compensation c	ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Sect	tion A, line 1a, with respect to the filing						
	organization or a re	-							
а		e payment or change-of-control payment?					X		
b	•	eive payment from a supplemental nonqualifie					X		
С	•	eive payment from an equity-based compensation	6		4c		X		
	If "Yes" to any of lir	es 4a-c, list the persons and provide the appl	icable amounts for each item in Part III.						
	Only continue 504/a		must somelete lines 5.0						
F)(3), 501(c)(4), and 501(c)(29) organizations	-	n					
5	contingent on the r		he organization pay or accrue any compensatio						
-	0				5a		x		
a h	Any related organiz	ation?			5b		x		
		r 5b, describe in Part III.							
6			he organization pay or accrue any compensatio	n					
Ŭ	contingent on the r		te enganization pay of accide any compensatio						
а	0	0			6a		x		
b	Any related organiz	ation?			6b		x		
		r 6b, describe in Part III.							
7			he organization provide any nonfixed payments						
					. 7		х		
8			ed pursuant to a contract that was subject to th						
		ption described in Regulations section 53.495			. 8		x		
9	If "Yes" on line 8, d	d the organization also follow the rebuttable p							
			·····	<u></u>	9				
LHA		eduction Act Notice, see the Instructions fo			le J (Forr	n 990)	2020		

032111 12-07-20

34 - 0714445

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

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 of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(D)(!) ⁻ (D)	reported as deferred on prior Form 990	
(1) ERIKA B RUDIN-LURIA	(i)	380,800.	0.	6,407.	13,225.	32,889.	433,321.	0.	
PRESIDENT * SEE SCH O	(ii)	٥.	0.	15,000.	65,720.	0.	80,720.	٥.	
(2) BARRY REIS	(i)	320,829.	0.	11,584.	13,125.	33,897.	379,435.	٥.	
ASST TREASURER, SR. VP & CFO	(ii)	٥.	0.	0.	0.	0.	0.	٥.	
(3) OREN BARATZ	(i)	194,550.	0.	3,857.	9,727.	633.	208,767.	٥.	
SENIOR VP-EXTERNAL AFFAIRS	(ii)	٥.	0.	0.	0.	0.	0.	٥.	
(4) DANIEL STROM	(i)	191,725.	0.	377.	9,586.	640.	202,328.	٥.	
VP, CHIEF INFORMATION OFFICER	(ii)	٥.	0.	0.	0.	0.	0.	٥.	
(5) RACHEL LAPPEN	(i)	168,104.	0.	152.	5,043.	552.	173,851.	٥.	
CHIEF DEVELOPMENT OFFICER	(ii)	٥.	0.	0.	0.	0.	0.	٥.	
(6) ABBIE LEVIN	(i)	167,326.	0.	525.	8,423.	10,099.	186,373.	٥.	
ASST SECRETARY, SR. VP OPERATIONS	(ii)	Ο.	0.	0.	0.	0.	0.	٥.	
(7) ROBERT BERICK	(i)	157,759.	0.	294.	7,972.	9,283.	175,308.	٥.	
ASST VP, CHIEF MARKETING OFFICER	(ii)	٥.	0.	0.	0.	0.	0.	٥.	
(8) CAROL WOLF	(i)	148,932.	0.	3,180.	8,100.	30,819.	191,031.	٥.	
ASST. VP, PLANNED GIVING & ENDOWMENTS	(ii)	Ο.	0.	0.	0.	0.	0.	٥.	
(9) TAMI CAPLAN	(i)	130,437.	0.	1,148.	7,250.	40,385.	179,220.	٥.	
SECRETARY, SR. VP & CHRO	(ii)	Ο.	0.	0.	0.	0.	0.	٥.	
(10) ALLEN ROTH	(i)	129,383.	0.	1,650.	7,238.	41,201.	179,472.	٥.	
SR. DIRECTOR, BUSINESS APPLICATIONS	(ii)	Ο.	0.	0.	0.	0.	0.	٥.	
(11) SHELLEY MARCUS	(i)	129,710.	0.	2,165.	7,113.	33,087.	172,075.	0.	
ASST. VP - DEVELOPMENT	(ii)	Ο.	0.	0.	0.	0.	0.	٥.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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.

PART I, LINE 1A:

ONE EMPLOYEE IS PERMITTED TO TRAVEL BUSINESS OR FIRST CLASS FOR FLIGHTS

OVER 4 HOURS, AS SPECIFIED IN EMPLOYMENT LETTERS.

THE SPOUSE OF ONE EMPLOYEE IS PERMITTED TO ACCOMPANY THAT EMPLOYEE TO 1-2

CONFERENCES PER YEAR, PER THAT EMPLOYEE'S ENGAGEMENT LETTER. THE COST OF

SUCH TRAVEL IS INCLUDED ON THE EMPLOYEE'S W-2.

PART I, LINE 1B:

WITH REGARDS TO SPOUSE TRAVEL, AS NOTED IT IS AUTHORIZED AS PART OF THAT

EMPLOYEE'S ENGAGEMENT LETTER.

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2020 Open to Public Inspection

Employer identification number 34-0714445

Name	of the	organization	

•	Attach to Form 990.
•	Go to www.irs.gov/Form990 for instructions and the latest information.

ation					
	JEWISH	FEDERATION	OF	CLEVELAND	

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	х	534	26,048,182.	AVG HIGH/LOW GIF	T DAT	Ε	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests	x	1	5,000,000.	SEE PART II			
12	Securities - Miscellaneous	X	20	104,000.				
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (LIFEINSURANCE)	x	1	1.	NOMINAL VALUE			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 828	-						
	5	, ,	5				Yes	No
30a	During the year, did the organization receive by	/ contributio	n anv propertv rep	orted in Part I. lines 1 throug	h 28. that it			
	must hold for at least three years from the date		• • • • •					
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandard contribut	ions?	31	x	
	Does the organization hire or use third parties of							
			•			32a	x	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	r for which column (a) is cheo	ked.			
	describe in Part II.							

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

Schedule M (Form 990) 2020

032141 11-23-20

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complet this part for any additional information.	n te
SCHEDULE M, LINE 32B:	
THE FEDERATION USES THIRD PARTY BROKERS TO DISPOSE OF DONATED	
MARKETABLE SECURITIES. IN ADDITION, THE FEDERATION WILL OCCASIONALLY	
HIRE A REAL ESTATE BROKER TO MARKET DONATED PROPERTIES, AND UTILIZE AN	
AUTO BROKER FOR GIFTS OF USED CARS. THE FEDERATION DOES NOT HIRE OR	
USE ANY RELATED ORGANIZATIONS TO SOLICIT, PROCESS OR SELL NON-CASH	
CONTRIBUTIONS.	
SCHEDULE M, LINE 33:	
SCHEDULE M, PART I COLUMN B - REPRESENTS NUMBER OF INDIVIDUAL	
CONTRIBUTIONS DURING THE YEAR.	
SCHEDULE M, PART I LINE 11 (D) - APPRAISAL VALUE	
032142 11-23-20 Schedule M (Form 99) 90) 202(

34-0714445

Page **2**

Schedule M (Form 990) 2020 JEWISH FEDERATION OF CLEVELAND

HEDULE O
HEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 34-0714445

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LIFE IN CLEVELAND AND THROUGHOUT THE WORLD. IT FUNDS AND SUPPORTS A

WIDE ARRAY OF CHARITABLE, EDUCATIONAL, RELIGIOUS, HUMANITARIAN, HEALTH,

JEWISH FEDERATION OF CLEVELAND

CULTURAL AND SOCIAL SERVICE ACTIVITIES THAT STRENGTHEN THE JEWISH AND

GENERAL COMMUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

APPLICATION TO IMPROVE PEOPLE'S LIVES; ENCOURAGE OUR MEMBERS TO FULFILL

THE RESPONSIBILITY OF TIKKUN OLAM, TO MAKE THE WORLD A BETTER PLACE;

SUPPORT ISRAEL AS A JEWISH AND DEMOCRATIC STATE; AND PROMOTE COLLECTIVE

ACTION BY INDIVIDUALS AND ORGANIZATIONS TO ADVANCE THESE PURPOSES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDREN, ASSISTING THE ELDERLY, AND BEAUTIFICATION OF COMMUNITY

CEMETERIES AND NEIGHBORHOODS.

AS THE COMMUNITY CONTINUES TO DEAL WITH THE ONGOING EFFECTS OF

COVID-19, THE JEWISH VOLUNTEER NETWORK (JVN) WORKED WITH LOCAL HUMAN

SERVICE AGENCIES TO IDENTIFY WAYS TO HELP AT-RISK MEMBERS OF OUR

COMMUNITY AND THE VULNERABLE THROUGHOUT GREATER CLEVELAND IN A SAFE

WAY. MONTHLY COLLECTIONS WERE HELD TO BENEFIT CHILDREN, INDIVIDUALS AND

FAMILIES IN NEED. APPROXIMATELY 850 VOLUNTEERS PARTICIPATED IN THESE

COLLECTIONS INCLUDING A SUCCESSFUL COLLECTION FOR AFGHAN REFUGEES.

ANOTHER 100 VOLUNTEERS WERE INVOLVED IN JVN'S COMMUNITY CARE INITIATIVE

THAT REACHED OUT TO OLDER ADULTS IN OUR COMMUNITY TO GIVE THEM COMFORT

DURING THE PANDEMIC AND WINTER MONTHS, JVN PARTNERED WITH 20 SYNAGOGUES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

09530516 130236 34-0714445

104 0 05095 JEWISH

Schedule O	(Form 990 or 990-EZ) 2020
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Name of the organization

JEWISH FEDERATION OF CLEVELAND

AND JEWISH ORGANIZATIONS FOR THIS INITIATIVE.

3. FEDERATION'S COMMUNITY OPTIONS AND JEWISH COMMUNITY HOUSING

PROGRAMS HELP 900 SENIORS IN THE COMMUNITY LIVE LONGER INDEPENDENTLY

THROUGH PROVISION OF ACTIVITIES, ON-SITE HEALTH AND WELLNESS PROGRAMS,

VOLUNTEER OPPORTUNITIES, AND SERVICE REFERRALS.

4. THE OVERSEAS CONNECTIONS COMMITTEE OVERSEES AND RECOMMENDS FUNDING

TO JEWISH FEDERATIONS OF NORTH AMERICA OR OTHER NATIONAL AND

INTERNATIONAL ORGANIZATIONS FOR A MYRIAD OF SPECIALIZED PROGRAMS

DESIGNED TO HELP DISADVANTAGED CHILDREN, YOUNG ADULTS AND FAMILIES IN

ISRAEL, HUNGARY AND RUSSIA, AND TO FOSTER THE REVIVAL OF JEWISH LIFE.

CLEVELANDERS ACTIVELY PARTICIPATE IN THESE INITIATIVES.

5. THE FEDERATION'S PJ LIBRARY PROGRAM FOR JEWISH FAMILIES WITH YOUNG

CHILDREN (AGES 6 MONTHS TO 7 YEARS), HAS DISTRIBUTED OVER 133,000 BOOKS

TO OVER 4,300 CHILDREN (SINCE JANUARY 2009) AND ORGANIZED A LARGE RANGE

OF EVENTS TO BUILD COMMUNITY AROUND THE PROGRAM.

6. ACCESS JEWISH CLEVELAND, FORMERLY KNOWN AS THE INFORMATION &

REFERRAL SERVICE, IS A COMPREHENSIVE RESOURCE THAT COMMUNITY MEMBERS

CAN ACCESS EITHER THROUGH PERSONALIZED, CONFIDENTIAL PHONE ASSISTANCE

OR A WEBSITE. THE PROGRAM IS A SINGLE POINT OF CONTACT AND

COLLABORATION BETWEEN THE FEDERATION, ITS BENEFICIARY AGENCIES,

SYNAGOGUES, AND ORGANIZATIONS IN THE CLEVELAND JEWISH COMMUNITY AND

PROVIDES ACCESS TO A HOST OF INFORMATION ABOUT PROGRAMS, SERVICES, AND

SPECIAL EVENTS. FEDERATION'S ROUNDTABLE ON FINANCIAL DISTRESS CONVENES

ALL COMMUNITY ORGANIZATIONS THAT WORK WITH CLIENTS FACING FINANCIAL

HARDSHIP SO THEY CAN NETWORK AND COLLABORATE ON IMPORTANT ISSUES FACING

105

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization JEWISH FEDERATION OF CLEVELAND	Employer identification number 34-0714445
	54 0/1445
THEIR CLIENTS. AS A RESULT OF THIS ROUNDTABLE, THE FRONT LINE STAFF	
FROM EVERY ORGANIZATION HAVE UNPRECEDENTED LEVELS OF COLLABORATION TO	
SERVE THE CLIENTS. THIS COLLABORATION LEVERAGES THE SPECIALTIES AND	
EXPERTISE OF EACH ORGANIZATION AND MAXIMIZES THE EFFECTIVENESS OF	
SERVICES DELIVERED TO CLIENTS BY EACH AND EVERY ORGANIZATION. THIS	
WOULD NOT BE POSSIBLE WITHOUT THE COORDINATING EFFORTS OF ACCESS JEWISH	
CLEVELAND.	
7. THE CLEVELAND ISRAEL ARTS CONNECTION IS A PROGRAM OF THE JEWISH	
FEDERATION OF CLEVELAND, CONNECTING OUR COMMUNITY WITH THE MOST DYNAMIC	
21ST CENTURY CULTURAL EXPERIENCES THAT ISRAEL HAS TO OFFER. WORKING IN	
PARTNERSHIP WITH NORTHEAST OHIO'S LEADING ARTS ORGANIZATIONS, WE STRIVE	
, TO IDENTIFY, ENHANCE, PROMOTE, AND CREATE UNIQUE AND ENGAGING ISRAELI	
CULTURAL OPPORTUNITIES. THOUSANDS OF CLEVELANDERS ENJOY ATTENDING	
ISRAELI CULTURAL EVENTS PRESENTED BY OUR FINE ARTS PARTNERS. THE ROE	
GREEN GALLERY, LOCATED AT THE FEDERATION, HOSTED ART EXHIBITIONS	
DESIGNED TO APPEAL TO BOTH THE JEWISH AND GENERAL COMMUNITY AUDIENCES.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
FEDERATION, JEWISH ORGANIZATIONS, AND THE BROADER COMMUNITY TO PREPARE	
FOR THE CHALLENGES AND OPPORTUNITIES THAT WILL PRESENT THEMSELVES IN	
THE COMING YEARS.	
3) THE COMMUNITY RELATIONS COMMITTEE (CRC) SERVES AS THE CENTRAL	
COORDINATING AND RESOURCE BODY FOR THE JEWISH COMMUNITY IN THE	
COMMUNITY RELATIONS FIELD AND IS AN ACTIVE FORCE IN CLEVELAND'S CIVIC	
AND COMMUNAL LIFE. THE CRC: PROMOTES EQUALITY OF OPPORTUNITY AND FULL	
CIVIL RIGHTS AND CIVIL LIBERTIES FOR JEWISH AND ALL OTHER RACIAL,	

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
JEWISH FEDERATION OF CLEVELAND	34-0714445
RELIGIOUS, AND ETHNIC GROUPS IN CLEVELAND; ENCOURAGES AMICABLE	
RELATIONSHIPS, MUTUAL UNDERSTANDING, AND RESPECT AMONG THE VARIOUS	
GROUPS IN CLEVELAND; HELPS CREATE AND MAINTAIN CONDITIONS THAT ARE	
CONDUCIVE TO ENCOURAGING THE CONTINUITY AND VITALITY OF JEWISH LIVING	
IN A PLURALISTIC SOCIETY; PROTECTS AND STRENGTHENS THE RIGHTS AND	
INTERESTS OF THE JEWISH COMMUNITY IN CLEVELAND; COMBATS ANTI-SEMITISM	
AND EVERY OTHER FORM OF RACISM OR GROUP PREJUDICE, PROBLEMS, CONCERNS,	
AND COMMITMENTS; AND PROVIDES FORUMS FOR JEWISH COMMUNAL LEADERSHIP TO	
EXCHANGE VIEWS WITH KEY LOCAL, NATIONAL, AND GLOBAL PUBLIC OFFICIALS	
AND INFLUENCERS.	
4) CENTRAL SERVICES PROVIDE BENEFIT PROGRAMS, SECURITY ADVICE, RISK	
MANAGEMENT ADVICE, INVESTMENT ASSISTANCE, FUNDS FOR CAPITAL REPAIRS AND	
REPLACEMENTS, AND TRAINING AND INFORMATION ON TOPICS SUCH AS SECURITY,	
RETIREMENT PLANNING, AND PROFESSIONAL DEVELOPMENT TO THE FEDERATION'S	
15 LOCAL BENEFICIARIES AND PROGRAMS.	
5) THE GOVERNMENT RELATIONS COMMITTEE ADVOCATES ON ISSUES SUCH AS	
SECURITY, MEDICAID, MEDICARE, TRANSPORTATION, AND CHILDREN'S HEALTH AND	
NUTRITION, HELPING CLEVELAND CITIZENS RECEIVE NEEDED SERVICES AND	
SUPPORT.	
6) THE ENDOWMENTS AND FOUNDATIONS PROGRAM PROVIDES SUPPORT TO HIGH	
PRIORITY FEDERATION INITIATIVES AND PROGRAMS AND OFFERS DONORS	
OPPORTUNITIES TO FUND INNOVATIVE AND PRIORITY CHARITABLE, EDUCATIONAL	
AND RELIGIOUS PROGRAMS, AND PROMOTES COLLABORATION BETWEEN THE	
FEDERATION AND OTHER FUNDERS IN CLEVELAND.	

7) THE FEDERATION PROVIDES FUNDING AND ADMINISTRATIVE SUPPORT FOR

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Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization		Page 2 Employer identification number
JEWISH FEDERATION OF CI	LEVELAND	34-0714445
SECURITY SERVICES TO LOCAL JEWISH BENEFICIAN	RY AGENCIES, SYNAGOGUES,	
JEWISH PRESCHOOLS, AND OTHER JEWISH ORGANIZA	ATIONS. THE FEDERATION	
ENGAGES JFC SECURITY, LLC (A SINGLE-MEMBER 1	LLC WITH THE FEDERATION AS	
ITS MEMBER) AS ITS PRIMARY PROVIDER OF SUCH	SERVICES.	
FORM 990, PART V, LINE 7G		
THE FEDERATION RECEIVED NO CONTRIBUTIONS OF	QUALIFIED INTELLECTUAL	
PROPERTY AND THEREFORE WAS NOT REQUIRED TO 1	FILE FORM 8899.	
FORM 990, PART VI, SECTION A, LINE 2:		
THE FOLLOWING TRUSTEES HAVE A FAMILY RELATION	ONSHIP:	
BETH WAIN BRANDON & AMY WAIN GARNITZ;		
LYNNE COHEN & GREG MARCUS;		
MINDY DAVIDSON & EVIE SAFRAN;		
SHOSHANA DESSLER JACOBS & REUVEN DESSLER;		
GRANT DINNER, JARED MILLER, PENNI WEINBERG	& STEPHEN WEINBERG;	
GARY GROSS, HARLEY GROSS & ROCHELLE GROSS;		
GARY GROSS & SARAH ZIMMERMAN;		
ADAM GIMBEL, SHELLEY GIMBEL, J. DAVID HELLEN	R, REBECCA HELLER & WILLIAM	
HELLER;		
EVAN HIRSCH, MICHELLE HIRSCH, TODD STEIN & H	RACHEL WEINBERG;	
EDNA JAFFA & NATHAN KLEIN;		
JUSTIN KADIS AND SUELLEN KADIS;		
PETER MEISEL, SUSI MEISEL & KIM PESSES;		
DAVID ORLEAN, CAMERON ORLEAN & DAYNA ORLEAN	;	
CHARLES RATNER & JAMES RATNER;		
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Name of the organization		Employer identification number
JEWISH FEDERATION OF C	LEVELAND	34-0714445
DAVID ROSENBERG & ENID ROSENBERG;		
BARBARA ROSSKAMM & BETTY ROSSKAMM;		
GARY SHAMIS & MARY ANN SHAMIS;		
BRADLEY SHERMAN & ELISABETH SHERMAN;		
JEFFREY WEISS, JUDITH WEISS & MORRY WEISS;		
JEFFREY WEISS, DANIELLE WILD & JEFFREY WILD	;	
JASON WULIGER, SANDRA WULIGER & TIMOTHY WUL	IGER;	
ALAN YANOWITZ, DARA YANOWITZ & DONNA YANOWI	TZ;	
ANDREW ZELMAN & DANIEL ZELMAN		
THE FOLLOWING TRUSTEES AND OFFICERS HAVE A	BUSINESS RELATIONSHIP:	
RENEE CHELM, REUVEN DESSLER, MITCHELL SCHNE	IDER;	
RENEE CHELM & ALAN YANOWITZ;		
DAVID ORLEAN & CAMERON ORLEAN;		
EVAN HIRSCH & ABBIE PAPPAS;		
ALBERT RATNER, JAMES RATNER, & CHARLES RATN	ER;	
GRANT DINNER, JARED MILLER, STEPHEN WEINBER	G, & BRIAN ROBBINS;	
LARRY GOLDBERG & ERIC BELL;		
TODD STEIN, MICHELLE HIRSCH, & RACHEL WEINB	ERG;	
GARY GROSS, HARLEY GROSS & SARAH ZIMMERMAN;		
J. DAVID HELLER, STEPHEN HOFFMAN, ERIKA B. 1	RUDIN-LURIA & STEPHEN WEINBERG;	
IRA KAPLAN, KEVIN MARGOLIS, JEFFREY WILD, &		
TAMAR MALTZ & MILTON MALTZ;		
PETER MEISEL & KIM PESSES;		
JEFFREY WEISS, JUDY WEISS, & MORRY WEISS;		
BRADLEY SHERMAN & MITCHELL SCHNEIDER;		
ROBERT GOLDBERG, J. DAVID HELLER, WILLIAM H	ELLER, ROBERT IMMERMAN, AMY	
MORGENSTERN, ALBERT RATNER, MICHAEL SIEGAL,	JASON WULIGER, SANDRA WULIGER,	
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09530516 130236 34-0714445

109 2020.05095 JEWISH FEDERATION OF CLEV 34-07142

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization JEWISH FEDERATION OF CLEVELAND	Employer identification number 34-0714445
REFLECTS CONTRIBUTOR INFORMATION AND IS NOT REQUIRED TO BE PUBLICLY	
DISCLOSED, IS OMITTED FROM THE COPY DISTRIBUTED AND REVIEWED BY THESE	
GROUPS, TO MAINTAIN DONOR CONFIDENTIALITY. THE FORM 990 IS PREPARED BY THE	
FEDERATION'S STAFF AND THEN IS REVIEWED AND SIGNED BY THE FEDERATION'S	
OUTSIDE AUDITORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EVERY TRUSTEE, OFFICER, COMMITTEE MEMBER AND EMPLOYEE IN A POSITION TO	
INFLUENCE, PROVIDE NON-PUBLIC INFORMATION OR VOTE ON FEDERATION POLICIES OR	
EXPENDITURES, (A "KEY INDIVIDUAL") IS REQUIRED TO SIGN A STATEMENT	
ACKNOWLEDGING AND AGREEING TO THE TERMS OF THE CONFLICT OF INTEREST POLICY	
PRIOR TO EMPLOYMENT OR SERVING ON THE FEDERATION BOARD OR KEY COMMITTEE.	
THE CONFLICT OF INTEREST POLICY IS THEN REVIEWED ANNUALLY AT THE INITIAL	
MEETING OF THE BOARD OF TRUSTEES FOLLOWING THE FEDERATION'S ANNUAL MEETING.	
IN ADDITION, ANY NEW KEY INDIVIDUAL IS PROVIDED A COPY OF THE POLICY UPON	
COMMENCEMENT OF HIS OR HER POSITION AS A KEY INDIVIDUAL AND IS REQUIRED TO	
SIGN AND DELIVER TO THE FEDERATION A STATEMENT ACKNOWLEDGING AND AGREEING	
TO THE TERMS OF THE POLICY. A COPY OF THE POLICY IS SENT ANNUALLY TO ALL	
KEY INDIVIDUALS. THE FEDERATION HUMAN RESOURCE DEPARTMENT IS RESPONSIBLE	
FOR MAINTAINING COPIES OF SIGNED STATEMENTS AND FOLLOWING UP TO ENSURE THAT	
A STATEMENT IS OBTAINED FROM EACH KEY INDIVIDUAL.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION COMMITTEE, WHICH IS COMPRISED OF ALL PAST BOARD CHAIRS,	
THE CURRENT BOARD CHAIR AND ONE OTHER CURRENT OFFICER, APPROVE ALL SENIOR	
MANAGEMENT COMPENSATION, BASED ON COMPARATIVE DATA GATHERED BY JEWISH	
FEDERATIONS OF NORTH AMERICA FROM OTHER FEDERATIONS, AND OTHER NON-PROFIT	
OR FOR-PROFIT CORPORATE ENTITIES. MANAGEMENT WHOSE COMPENSATION IS BEING 032212 11-20-20 Sch	edule O (Form 990 or 990-EZ) 2020
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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization JEWISH FEDERATION OF CLEVELAND	Employer identification number 34-0714445
DISCUSSED IS NOT IN THE ROOM AT THE TIME OF THESE DISCUSSIONS AND	
CONTEMPORANEOUS MINUTES OF THE MEETINGS, DOCUMENTING THE PROCEDURES	
FOLLOWED AND THE DATA USED, ARE PRODUCED.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE FEDERATION WAS RECOGNIZED AS EXEMPT UNDER SECTION 501(C)(3) OF THE	
INTERNAL REVENUE CODE IN A DETERMINATION LETTER ISSUED IN AUGUST 1952. A	
COPY OF THE APPLICATION FOR TAX EXEMPTION (FORM 1023) WAS NOT AVAILABLE ON	
JULY 15, 1987. ACCORDINGLY, UNDER THE SECTION 6104 REGULATIONS, SUCH	
APPLICATION IS NOT REQUIRED TO BE MADE AVAILABLE FOR PUBLIC INSPECTION.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REASONABLE REQUEST THE FEDERATION'S GOVERNING DOCUMENTS AND CONFLICT	
OF INTEREST POLICY ARE GENERALLY AVAILABLE. FINANCIAL STATEMENTS ARE NOT	
AVAILABLE TO THE PUBLIC.	
PART VII, SECTION A, COLUMNS E & F	
INCLUDED IN THE COLUMNS HEADED "REPORTABLE COMPENSATION FROM RELATED	
ORGANIZATIONS" AND "OTHER COMPENSATION FROM RELATED ORGANIZATIONS" FOR	
ERIKA RUDIN-LURIA, STEPHEN H. HOFFMAN, AND J. DAVID HELLER IS	
COMPENSATION THEY EACH RECEIVE AS DIRECTORS OF AN ENTITY (PARKWOOD LLC)	
THAT PROVIDES ADMINISTRATIVE SERVICES TO PARKWOOD TRUST COMPANY, AN	
ORGANIZATION 100% OWNED BY PARKWOOD LLC. PARKWOOD TRUST COMPANY	
PROVIDES ADVISORY SERVICES TO MANDEL SUPPORTING FOUNDATION ("MSF"),	
WHICH IS RELATED TO THE REPORTING ENTITY (JEWISH FEDERATION OF	
CLEVELAND). MS. RUDIN-LURIA'S DIRECTOR COMPENSATION FROM PARKWOOD LLC	
IN 2020 WAS \$80,720. MESSRS. HOFFMAN AND HELLER RECEIVED DIRECTOR	
COMPENSATION FROM PARKWOOD LLC OF \$85,720 AND \$118,220, RESPECTIVELY,	_
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Name of the organization JEWISH FEDERATION OF CLEVELAND	Employer identification number 34-0714445
DURING THIS SAME PERIOD. MSF, PARKWOOD LLC AND PARKWOOD TRUST COMPANY	
ARE INCLUDED IN SCHEDULE R. MSF OWNS A 65 PERCENT NON-VOTING PROFITS	
INTEREST IN PARKWOOD LLC. NEITHER THE JEWISH FEDERATION OF CLEVELAND	
NOR MSF ARE INVOLVED IN SELECTING THE DIRECTORS FOR PARKWOOD LLC, WHICH	
OPERATES INDEPENDENTLY OF THE JEWISH FEDERATION OF CLEVELAND AND MSF.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ADJUSTMENT TO NET ASSETS-MINIMUM PENSION LIABILITY 3,529,676	
CHANGE IN VALUE OF PROJECTED REVENUE RELATED TO CHARITABLE	
TRUSTS AND CGAS 7,070,808	
PARTNERSHIP INCOME REPORTED ON 990 NOT RECORDED ON BOOKS -135,826	
LIFE INSURANCE PREMIUMS NET OF INCREASE IN CSV 265,203	
CHANGE IN RESERVE FOR UNCOLLECTIBLE PLEDGES -895,382	
PRIOR PERIOD GRANT CANCELLATIONS	
TOTAL TO FORM 990, PART XI, LINE 9 9,834,479	
FORM 990, PART XI, LINES 2B AND 2C	
AUDITED FINANCIALS AND AUDIT COMMITTEE: THE FINANCIAL STATEMENTS OF THE	
JEWISH FEDERATION OF CLEVELAND ARE AUDITED ON A CONSOLIDATED BASIS,	
WITH ITS SUPPORTING FOUNDATIONS. THE FEDERATION'S AUDIT COMMITTEE,	
COMPRISED OF INDEPENDENT VOLUNTEERS, RECOMMENDS THE INDEPENDENT	
ACCOUNTANTS TO THE FEDERATION'S BOARD OF TRUSTEES WHICH MUST APPROVE	
THE APPOINTMENT. THE AUDIT COMMITTEE PROVIDES OVERSIGHT OF THE AUDIT	
AND REVIEWS THE AUDITED FINANCIAL STATEMENTS WITH STAFF AND THE	
INDEPENDENT ACCOUNTANTS PRIOR TO ISSUANCE. THE AUDIT COMMITTEE ALSO	
MEETS INDEPENDENTLY WITH THE INDEPENDENT ACCOUNTANTS TO DISCUSS THE	
AUDIT PROCESS.	
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Name of the organization	Employer identification number
JEWISH FEDERATION OF CLEVELAND	34-0714445
FORM 990, PART V, LINE 2A	
INCLUDED IN THE TOTAL NUMBER OF EMPLOYEES REPORTED FOR CALENDAR 2020	
(231) WERE:	
1) 55 EMPLOYEES FOR A BENEFICIARY AGENCY FOR WHICH THE FEDERATION ACTS	
AS PAYMASTER , AND	
2) 37 EMPLOYEES FOR JFC SECURITY, LLC., A SINGLE MEMBER LLC WITH THE	
FEDERATION AS ITS MEMBER. THESE EMPLOYEES ARE NOT EMPLOYEES OF THE	
FEDERATION, BUT THE EMPLOYEE COUNT IS INCLUDED SOLELY BECAUSE JFC	
SECURITY, LLC IS A DISREGARDED ENTITY FOR TAX PURPOSES. IT HAS ITS OWN	
EMPLOYER IDENTIFICATION NUMBER AND HAS FILED W-2'S FOR ITS EMPLOYEES	
UNDER THAT NUMBER.	
3) 139 EMPLOYEES FOR JEWISH FEDERATION OF CLEVELAND.	
FORM 990, PART VI, LINE 16B	
PROCEDURE REGARDING JOINT VENTURES: THE FEDERATION'S FINANCE AND	
INVESTMENT COMMITTEE APPROVES ALL NEW INVESTMENTS AND EVALUATES THESE	
INVESTMENTS ON AN ONGOING BASIS. DOCUMENTS RELATED TO THESE	
INVESTMENTS GO THROUGH A LEGAL REVIEW AND A REVIEW BY THE FEDERATION'S	
STAFF. ATTENTION IS GIVEN TO THE FEDERATION'S EXEMPT STATUS IN THAT	
REVIEW PROCESS. THERE IS NO ACTIVE PARTICIPATION IN THE OPERATION OF	
THESE INVESTMENTS AS THEY ARE HELD FOR INVESTMENT PURPOSES ONLY.	
FORM 990, PART IX - FUNCTIONAL EXPENSES	

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Name of the organization JEWISH FEDERATION OF CLEVELAND	Employer identification number 34-0714445
THE EXPENSES INCLUDED IN THIS STATEMENT INCLUDE THE COSTS OF	
ADMINISTERING THE FEDERATION'S SUPPORTING FOUNDATION PROGRAM, INCLUDING	
PROCESSING OF GRANTS AND INVESTMENT OVERSIGHT, FOR 48 FOUNDATIONS (SEE	
SCHEDULE R) WITH ASSETS TOTALING OVER \$3.7 BILLION, AND \$29 MILLION OF	
GRANT MAKING DURING THE FISCAL YEAR ENDED JUNE 30, 2021. THE ASSETS	
AND GRANT MAKING OF THESE FOUNDATIONS ARE REFLECTED IN THEIR SEPARATE	
990'S AND ARE NOT REFLECTED IN THIS 990.	
FORM 990, PART VII SECTION B AND PART IX, LINE 11C	
AUDIT AND TAX SERVICES: PART IX LINE 11C REFLECTS AUDIT AND TAX	
SERVICES INCURRED BY THE FEDERATION NET OF REIMBURSEMENT FROM	
SUPPORTING FOUNDATIONS, TRUSTS, FEDERATION'S RETIREMENT PLAN AND	
BENEFICIARY AGENCIES.	
FORM 990, PART IX, LINE 11F	
INVESTMENT MANAGEMENT FEES ARE NETTED WITH INVESTMENT INCOME REPORTED	
ELSEWHERE IN THIS FORM 990.	
THE FEDERATION ALLOCATES POOL INVESTMENT INCOME TO PARTICIPATING FUNDS	
NET OF INVESTMENT FEES. TOTAL INVESTMENT FEES OF \$1,053,000 WERE PAID	
BY FEDERATION ON BEHALF OF THE POOLS. ADDITIONALLY, CERTAIN INVESTMENT	
FEES ARE DEDUCTED FROM INVESTMENT INCOME BY INVESTMENT MANAGERS.	
THE FEDERATION'S SHARE OF THESE INVESTMENT FEES CANNOT BE DETERMINED.	

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SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

34-0714445

Employer identification number

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

JEWISH FEDERATION OF CLEVELAND

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
WORKMEN'S CIRCLE CEMETERY LLC - 45-3201893					
25701 SCIENCE PARK DRIVE	BURIALS & MAINTENANCE OF				COMMISSION ON CEMETERY
CLEVELAND, OH 44122-7302	CEMETERY	оніо		1.	PRESERVATION
JCH WARRENSVILLE LLC - 26-1126354	OWNERSHIP AND MANAGEMENT OF				
25701 SCIENCE PARK DRIVE	HOUSING FOR ELDERLY AND				JEWISH COMMUNITY
CLEVELAND, OH 44122-7302	DISABLED	оніо	-101,495.	7,024,611.	HOUSING, INC.
JAFFA FAMILY FOUNDATION LLC - 81-3360267					
25701 SCIENCE PARK DRIVE					JEWISH FEDERATION OF
CLEVELAND, OH 44122-7302	INVESTMENTS	оніо		5,052,201.	CLEVELAND
JFC SECURITY LLC - 81-2450731	PROVIDE SECURITY & SERVICES				
25701 SCIENCE PARK DRIVE	TO ORGANIZATIONS SERVING				JEWISH FEDERATION OF
CLEVELAND, OH 44122-7302	THE JEWISH COMMUNITY	онто	160,572.	97,680.	CLEVELAND

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
JOANN AND THOMAS ADLER FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1858749, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
MILDRED & MARTIN BECKER FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1711965, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
THE SEMI J. & RUTH W. BEGUN FOUNDATION -	SUPPORT CHARITABLE,						
34-1594565, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
CHELM FAMILY FOUNDATION - 30-0226826	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		1
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х

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

Schedule R (Form 990) 2020

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SIMON CHARITABLE PUBLIC LLC - 20-3948339 25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122-7302	INVESTMENTS	DELAWARE	102,225,234.	1,179,863,242.	MANDEL SUPPORTING FOUNDATION
MSF PRIVATE EQUITY FUND LLC - 20-5060858 25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122-7302	INVESTMENTS	DELAWARE	147,365,931.	1,495,024,635.	MANDEL SUPPORTING FOUNDATION
MSF REAL ESTATE FUND LLC - 20-5060891 25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122-7302	INVESTMENTS	DELAWARE	26,331,968.		MANDEL SUPPORTING
MAF INVESTMENTS LTD - 34-1796304 25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122-7302	INVESTMENTS	оніо	107,469.		MANDEL SUPPORTING
	_				
	_				
	_				

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(c Section 5 contr organiz	olled
CLEVELAND HEBREW SCHOOLS EDUCATIONAL FDTN -	SEE SCHEDULE R, PART VII,					Yes	NO
34-0714599, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION		
CLEVELAND OH 44122-7302	FOR PRIMARY ACTIVITY	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
ELLEN E. & VICTOR J. COHN SUPPORTING	SUPPORT CHARITABLE						
FOUNDATION - 31-1606939, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE CLEVELAND OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
COMMISSION ON CEMETERY PRESERVATION -	SEE SCHEDULE R, PART VII,						
34-1771506, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
FEDERATION HOLDINGS, INC 23-7133908							
25701 SCIENCE PARK DRIVE	HOLDS LEGAL TITLE TO				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	DONATED REAL ESTATE	онто	501(C)(2)	N/A	OF CLEVELAND		х
IRVING B. FINE FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
86-3861172, 25702 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
FGI FOUNDATION - 34-1916912	SUPPORT CHARITABLE						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
RINA & SAMUEL M. FRANKEL FAMILY FOUNDATION -	SUPPORT CHARITABLE						
31-1502121, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
PEGGY AND JOHN GARSON FAMILY FOUNDATION -	SUPPORT CHARITABLE						
34-1916905, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
J. DAVID AND REBECCA HELLER FAMILY	SUPPORT CHARITABLE						
FOUNDATION - 36-4954283 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
ROBERT AND SUSAN R. HURWITZ FAMILY	SUPPORT CHARITABLE						
FOUNDATION - 34-1916908, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
THE IMMERMAN FOUNDATION - 34-1533181	SUPPORT CHARITABLE						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
JEWISH COMMUNITY HOUSING INC 34-1276120	SEE SCHEDULE R, PART VII,						
25701 SCIENCE PARK DRIVE	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		Х

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation? No
THE MT. SINAI HEALTH CARE FOUNDATION -	SUPPORT CHARITABLE					103	
34-1777878, 11000 EUCLID AVE, CLEVELAND, OH	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
44106	- PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
MADAV IX FOUNDATION - 34-1638258	SUPPORT CHARITABLE						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND OH 44122-7302	- PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
MADAV XVII FOUNDATION - 34-1827879	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	- PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
MADAV XVIII FOUNDATION - 34-1827878	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		l
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
MALTZ FAMILY FOUNDATION - 31-1566163	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
JACK, JOSEPH AND MORTON MANDEL SUPPORTING	SUPPORT CHARITABLE,						
FOUNDATION - 34-1350566, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
MEISEL & PESSES FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
31-1583883, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
ALEX & ANNE MILLER FAMILY CHARITABLE FUND -	SUPPORT CHARITABLE,						
31-1204735, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
DAVID & RUTH MOSKOWITZ FAMILY CHARITABLE	SUPPORT CHARITABLE,						
FOUNDATION - 34-1806783, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
DAVID AND INEZ MYERS FOUNDATION - 34-6560945	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
EILEEN AND MYRON NICKMAN FAMILY SUPPORTING	SUPPORT CHARITABLE,						
FOUNDATION - 34-1916911, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
PHYLLIS & DEBRA ANN NOVEMBER CHILDREN'S FUND	SUPPORT CHARITABLE,						
- 31-1566156, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	g) 512(b)(13) rolled zation?
OSTARA - 31-1606934	SUPPORT CHARITABLE					Yes	No
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	- PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
THE HARRY RATNER HUMAN SERVICES FUND -	SEE SCHEDULE R, PART VII,						
34-1360076, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
THE RIMON XLI FOUNDATION - 34-1916913	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
ROBERT S. & SYLVIA K. REITMAN FAMILY	SUPPORT CHARITABLE,						
FOUNDATION - 31-1502117, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
DAVID AND ENID ROSENBERG FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
37-1777614, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
SCHOLNICK FAMILY FOUNDATION - 61-1749334	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
NATHAN & FANNYE SHAFRAN FOUNDATION -	SUPPORT CHARITABLE,						
34-1458950, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
LAWRENCE C. SHERMAN FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1806781, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
MICHAEL & ANITA SIEGAL FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1832962, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
LAURA & ALVIN SIEGAL CLG JUD STDIES ED FDTN	SEE SCHEDULE R, PART VII,						
- 34-0946903, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	оніо	501(C)(3)	7	OF CLEVELAND		Х
NORMA AND ERNIE SIEGLER FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1546349, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		1
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
ROBERT AND EILEEN SILL FAMILY FOUNDATION -	SUPPORT CHARITABLE,						1
46-4104662, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		1
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
SIMON FAMILY FOUNDATION - 34-1808584	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
NAOMI G. & EDWIN Z. SINGER FAMILY FUND -	SUPPORT CHARITABLE,						
34-1638257, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
IRVING I. STONE SUPPORT FOUNDATION -	SUPPORT CHARITABLE,						
34-1476465, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
NINA & NORMAN WAIN FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
31-1502119, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		х
STANLEY E. AND SALLY HARRIS WERTHEIM FAMILY	SUPPORT CHARITABLE,						
FOUNDATION - 30-0884987, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE CLEVELAND OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		x
WOLF FAMILY FOUNDATION - 34-1638259	SUPPORT CHARITABLE,						[
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		x
BENNETT & DONNA YANOWITZ FAMILY FOUNDATION -	SUPPORT CHARITABLE						
34-1562999, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	- PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		x
DAN AND ELLEN ZELMAN FAMILY FOUNDATION -	SUPPORT CHARITABLE						<u> </u>
38-3876650, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	- PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		x
DAVID AND IVY ZELMAN FAMILY FOUNDATION -	SUPPORT CHARITABLE,						<u> </u>
87-1854300, 25702 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	- PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		x
ZILBER FAMILY FOUNDATION - 34-1711966	SUPPORT CHARITABLE						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	- PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND		x
······							
	1						
	1						
	1						
	1						
							1

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	ł)	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
LEVINE - MEDINA - 34-1500670											
1660 WEST 2ND STREET STE											
1100, CLEVELAND, OH	RENTAL REAL			(D) REVENUE							
44113-1448	ESTATE	ОН	N/A	EXCLUDED	-168.	136,133.		x	N/A	X	99.00%
LEVINE-SWEET VALLEY LTD											
PARTNERSHIP - 34-1614377,	1										
1660 WEST 2ND STREET STE	1			(D) REVENUE							
1100, CLEVELAND, OH	INVESTMENT	ОН	N/A	EXCLUDED	-25,466.	0.		x	N/A	X	96.00%
KULBER-MEDINA LIMITED											
PARTNERSHIP - 34-1715418, 126	1										
WEST STREETSBORO ST STE 1,	RENTAL REAL			(D) REVENUE							
HUDSON, OH 44236	ESTATE	ОН	N/A	EXCLUDED	-65.	-32,665.		x	N/A	X	98.00%
JCF DROST HOLDINGS LTD -											
34-1848052, 25701 SCIENCE	1										
PARK DRIVE, CLEVELAND, OH	1		MADAV XVII	(C)UNRELATED							
44122-7302	INVESTMENTS	ОН	FOUNDATION	BUS REV	14,709.	3,822,723.		x	10,669.	x	99.00%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l contr	(i) ction b)(13) rolled tity?
		country)						Yes	No
CHARITABLE REMAINDER TRUSTS (5)									
25701 SCIENCE PARK DRIVE	CHARITABLE REMAINDER								
CLEVELAND, OH 44122-7302	TRUST	ОН		TRUST					х
PARKWOOD TRUST COMPANY - 34-1851693									
919 N. MARKET ST STE 429	FINANCIAL, TRUST AND								
WILMINGTON, DE 19801	INVESTMENT SERVICES	DE	PARKWOOD LLC	C CORP	2,241,200.	12,666,550.	100%		x

032162 10-28-20

Part III	Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	() Disprop ate alloc	ortion-	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partn	il or Perc ing own	(k) centage nership
		country)		Sections 512-514)			Yes	No	K-1 (F0111 1005)	Yes		
PARKWOOD LLC - 37-1665471	FINANCIAL AND		MANDEL									
2829 EUCLID AVENUE	INVESTMENT		SUPPORTING	(C)UNRELATED								
CLEVELAND, OH 44115	SERVICES	DE	FOUNDATION	BUS REV	5,414,175.	42,329,354.		x	4,384,627.		6	55.00%
CLEVELAND FEDERATION PE I,					,							
LLC - 46-3664554, 25701	1		JEWISH									
SCIENCE PARK DRIVE,	1		FEDERATION OF	(D) REVENUE								
CLEVELAND, OH 44122-7302	INVESTMENTS	ОН	CLEVELAND	EXCLUDED	855,926.	19,570,503.		х	55,382.		7	70.00%
CLEVELAND FEDERATION PE I,												
LLC - 46-3664554, 25701			DAVID & INEZ									
SCIENCE PARK DRIVE,	1		MYERS	(D) REVENUE								
CLEVELAND, OH 44122-7302	INVESTMENT	ОН	FOUNDATION	EXCLUDED	183,414.	4,193,345.		х	11,867.		1	L5.00%
CLEVELAND FEDERATION PE I,												
LLC - 46-3664554, 25701			MT SINAI									
SCIENCE PARK DRIVE,			HEALTH CARE	(D) REVENUE								
CLEVELAND, OH 44122-7302	INVESTMENT	ОН	FOUNDATION	EXCLUDED	183,414.	4,193,348.		х	11,867.		1	L5.00%
CLEVELAND FEDERATION PE II,												
LLC - 83-3457838, 25701			JEWISH									
SCIENCE PARK DRIVE,			FEDERATION OF	(D) REVENUE								
CLEVELAND, OH 44122-7302	INVESTMENT	ОН	CLEVELAND	EXCLUDED	11,423.	8,721,499.		х	902.		7	75.00%
CLEVELAND FEDERATION PE II,												
LLC - 83-3457838, 25701	7		DAVID & INEZ									
SCIENCE PARK DRIVE,	7		MYERS	(D) REVENUE								
CLEVELAND, OH 44122-7302	INVESTMENT	OH	FOUNDATION	EXCLUDED	2,448.	1,615,282.		x	193.		1	L2.50%
CLEVELAND FEDERATION PE II,												
LLC - 83-3457838, 25701			MT SINAI									
SCIENCE PARK DRIVE,			HEALTH CARE	(D) REVENUE								
CLEVELAND, OH 44122-7302	INVESTMENT	OH	FOUNDATION	EXCLUDED	2,448.	1,615,282.		х	193.		1	L2.50%

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Par	rts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	2
c Gift, grant, or capital contribution from related organization(s)		X	2
d Loans or loan guarantees to or for related organization(s)		1	
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)		+-	\rightarrow
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
		X	2
m Performance of services or membership or fundraising solicitations by related organization(s)	<u>1m</u>	<u> </u>	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	2
o Sharing of paid employees with related organization(s)		<u> </u>	:
p Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
q Reimbursement paid by related organization(s) for expenses			:
r Other transfer of cash or property to related organization(s)	<u>1r</u>	x	z I
s Other transfer of cash or property from related organization(s)	1s	X	2

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CLEVELAND FEDERATION PE I, LLC	В	3,971,665.	COST
(2) CLEVELAND FEDERATION PE II, LLC	В	5,338,288.	COST
(3) CLEVELAND FEDERATION PE I, LLC	S	3,530,090.	COST
(4) CLEVELAND FEDERATION PE II, LLC	s	714,402.	Cost
<u>(5)</u>			
<u>(</u> 6)			

Schedule R (Form 990) 2020 JEWISH FEDERATION OF CLEVELAND

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

5	5 5			1									
(a)	(b)	(c)	(d)	(€ Are	e)	(f)	(g)	(ľ	ן (ו	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne	e all rs sec.	Share of	Share of	Dispr tior allocat	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	al or P	Percentage
of entity	, , ,	(state or foreign	(related, unrelated,	partne 501(org	c)(3)	total	end-of-year	tion	iate	amount in box 20	manag	ging	ownership
or onary		country)	excluded from tax under	org	S.?	income			10115 ?	of Schedule K-1	partne	er?	Strifterenp
		country)	sections 512-514)	Yes	No	income	233613	Yes	No	(Form 1065)	Yes	NO	
												-+	
												-+	

Schedule R (Form 990) 2020

JEWISH FEDERATION OF CLEVELAND

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LEVINE-SWEET VALLEY LTD PARTNERSHIP

EIN: 34-1614377

1660 WEST 2ND STREET STE 1100

CLEVELAND, OH 44113-1448

SCHEDULE R, PART II, COLUMN B

CONTINUATION OF PRIMARY ACTIVITY:

CLEVELAND HEBREW SCHOOLS EDUCATIONAL FOUNDATION:

SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION

INCLUDING THE PROMOTION OF QUALITY JEWISH EDUCATION

SCHEDULE R, PART II, COLUMN B

CONTINUATION OF PRIMARY ACTIVITY:

COMMISSION ON CEMETERY PRESERVATION:

SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION

INCLUDING THE PRESERVATION OF JEWISH CEMETERIES

SCHEDULE R, PART II, COLUMN B

CONTINUATION OF PRIMARY ACTIVITY:

JEWISH COMMUNITY HOUSING INC .:

SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION

INCLUDING PROVIDING SERVICES FOR SENIOR CITIZENS AND INDIVIDUALS WITH

DISABILITIES

SCHEDULE R, PART II, COLUMN B

032165 10-28-20

09530516 130236 34-0714445

JEWISH FEDERATION OF CLEVELAND

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

CONTINUATION OF PRIMARY ACTIVITY:

THE HARRY RATNER HUMAN SERVICES FUND:

SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF THE

FEDERATION, INCLUDING ASSISTING WITH THE EMERGENCY NEEDS OF SEVERAL

LOCAL AGENCIES' CLIENTS.

SCHEDULE R, PART II, COLUMN B

CONTINUATION OF PRIMARY ACTIVITY:

LAURA & ALVIN SIEGAL COLLEGE OF JUDAIC STUDIES EDUCATIONAL FOUNDATION:

SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION

INCLUDING THE PROMOTION OF QUALITY LIFE-LONG JEWISH LEARNING

OPPORTUNITIES

Schedule R (Form 990) 2020

032165 10-28-20

	IRS e-file Signature Authorization		OMB No. 1545-0047
Form 8879-EO	for an Exempt Organization		
	, , , , , , , , , , , , , , , , , , , ,	, 20 <mark>21</mark>	2020
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 		2020
Name of exempt organization		Taxpayer	identification number
JEWISH FEDERATION OF		34-07	714445
Name and title of officer or pe BARRY REIS	rson subject to tax		
ASST TREASURER	Return and Return Information (Whole Dollars Only)		
	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fro	om the retur	n If you
	2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with		2
	2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you ente e applicable line below. Do not complete more than one line in Part I.	ered -0- on tl	ne
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check h			
3a Form 1120-POL chec			
4a Form 990-PF check h			
5a Form 8868 check here	· · · · · · · · · · · · · · · · · · ·	5b	25 492
6a Form 990-T check here 7a Form 4720 check here			
	b Total tax (Form 4720, Part III, line 1) ion and Signature Authorization of Officer or Person Subject to Tax		
	I declare that X I am an officer of the above organization or I am a person sub		with respect to
	, (EIN)	-	•
software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	nic funds withdrawal (direct debit) entry to the financial institution account indicated in the e federal taxes owed on this return, and the financial institution to debit the entry to this the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior thorize the financial institutions involved in the processing of the electronic payment of ta cessary to answer inquiries and resolve issues related to the payment. I have selected a as my signature for the electronic return and, if applicable, the consent to electronic fun	account. To to the payn axes to rece personal ds withdrav	o revoke nent sive val.
	ERO firm name	to enter m	Enter five numbers, but
			do not enter all zeros
a state agency(ie PIN on the return X As an officer or p electronically file	on the tax year 2020 electronically filed return. If I have indicated within this return that a es) regulating charities as part of the IRS Fed/State program, I also authorize the aforement of disclosure consent screen. Deerson subject to tax with respect to the organization, I will enter my PIN as my signature ind return. If I have indicated within this return that a copy of the return is being filed with a ies as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co	entioned ER e on the tax a state ager	O to enter my year 2020 ncy(ies)
Signature of officer or person subject		Dat	e 🅨 05/13/22
	tion and Authentication		
•	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 34585119559 Do not enter all zeros		
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indicat sturn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Inform siness Returns.		
ERO's signature 🕨	Date 05/1	6/22	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So	
			Form 8879-EO (2020)
	uction Act Notice, see instructions.		
023051 11-03-20	1 2 8		

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpayer	identificatio	on number (TIN)					
print	JEWISH FEDERATION OF CLEVELAND		34-071	4445					
File by the due date for filing your		ee instruct	ions.						
return. See instructions									
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			0 7			
Applicat	ion	Return	Application			Return			
ls For		Code	Is For			Code			
Form 99) or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 99	D-BL	02	Form 1041-A			08			
Form 472	20 (individual)	03	Form 4720 (other than individual)			09			
Form 99)-PF	04	Form 5227			10			
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	D-T (trust other than above)	06	Form 8870			12			
 If the If this box > 1 I re the 2 If t 	hone No. ► 216.593.2900 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► . equest an automatic 6-month extension of time until e organization named above. The extension is for the organization named above. The extension is for the organization and above. The extension and above. The extension and above and	Group Exe <u>and atta</u> <u>MAY 1</u> anization's <u>,</u> an heck reaso	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>6, 2022</u> , to file return for: d endingJUN 30, 2021 on: Initial return	f this is fo all membe	r the whole (ers the exter npt organiza 	group, check this			
an	his application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions.			3a	\$	0.			
	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
	timated tax payments made. Include any prior year overp			3b	\$	0.			
	lance due. Subtract line 3b from line 3a. Include your pa					•			
	ng EFTPS (Electronic Federal Tax Payment System). See			30	\$	0.			
Caution: instruction	If you are going to make an electronic funds withdrawal ons.	(direct deb	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879	9-EO for payment			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

023841 04-01-20

	000 T		EXTENDED TO MAY 16, 2022	~	
Form	990-T		Exempt Organization Business Income Tax Return		OMB No. 1545-0047
			(and proxy tax under section 6033(e))		2020
		For ca	endar year 2020 or other tax year beginning <u>JUL 1, 2020</u> , and ending <u>JUN 30, 2021</u>	·	Ζυζυ
Depart Interna	ment of the Treasury Revenue Service	►	► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
Α 🗌	Check box if		Name of organization (Check box if name changed and see instructions.)	DEmpl	oyer identification number
	address changed.				
B Ex	empt under section	Print	JEWISH FEDERATION OF CLEVELAND		34-0714445
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.	EGrou (see i	p exemption number nstructions)
	408(e) 220(e)	linhe	25701 SCIENCE PARK DRIVE		
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
	529(a) 529S		CLEVELAND, OH 44122-7302	_F	Check box if
		C Bo	ok value of all assets at end of year b 589,585,657.		an amended return.
GC	heck organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust	Applica	ble reinsurance entity
НC	heck if filing only to	o 🕨	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u> </u>	heck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>)
			ed Schedules A (Form 990-T)		3
KC	ouring the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	► L	Yes X No
			d identifying number of the parent corporation.		
	he books are in ca			216.59	3.2900
Par	t I Total Unr	relate	d Business Taxable Income		1
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	135,826.
2	Reserved			2	
3	Add lines 1 and 2			3	135,826.
4			see instructions for limitation rules) STMT 1	4	13,483.
5			taxable income before net operating losses. Subtract line 4 from line 3	5	122,343.
6		•	ng loss. See instructions	6	
7			ss taxable income before specific deduction and section 199A deduction.		100.040
	Subtract line 6 fro			7	122,343.
8			ally \$1,000, but see instructions for exceptions)	8	1,000.
9			duction. See instructions	9	1 000
10	Total deductions			10	1,000.
11		ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		101 242
Dar	t II Tax Com	nutati	0n	11	121,343.
		-			25,482.
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ <u>1</u>	23,402.
2	Part I, line 11 from	_	ates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041)	2	
2					
3 4	Proxy tax. See ins Other tax amounts			4	
4 5	Alternative minimu			5	
5 6				6	
	•			7	25,482.
7 I HA			an 6 to line 1 or 2, whichever applies	/	Eorm 990-T (2020)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

023701 02-02-21

	390-T (2020) (III Tax and Payments			Page 2
Lancester				an george and a state of the st
1a				
b				
c				
d				
е	Total credits. Add lines 1a through 1d	<u>1e</u>	25	400
2	Subtract line 1e from Part II, line 7	2	23	,482.
3	Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).		0.5	400
	section 1294. Enter tax amount here	4	25	,482.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), líne 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020 6a 11,155.			
b	2020 estimated tax payments. Check if section 643(g) election applies 66 5,100.			
с	Tax deposited with Form 8868 6c 49,500.			
d	Foreign organizations: Tax paid or withheld at source (see instructions)			
e	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total b 6g			
7	Total payments. Add lines 6a through 6g	7	65	,755.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	40	,273.
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax > 30,273. Refunded >	11	10	,000.
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			-
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			Х
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			Х
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year 📃 🕨 \$			
4a	Did the organization change its method of accounting? (see instructions)			Х
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		100	2023
	explain in Part V			
Part	V Supplemental Information			
Concernance of the other states and	e the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.			

Sign Here	Under penalties of per jury, I declare that I have examine correct, and complete. Declaration of preparer (other the Signature of other		eparer has any knowle	dge.	May t the pr	and belief, it is true, the IRS discuss this return with reparer shown below (see ictions)? Yes X No
Paid Preparer Use Only	Print/Type preparer's name PAUL HAMMERSCHMIDT	Preparer's signature	Date 05/16/22	Check self- employe		PTIN P01384178
	E DDO HOA TTD	Firm's EIN Phone no.		13-5381590		
						Form 990-T (2020)

023711 02-02-21

ORM 990-T	CONTRIBU	JTIONS SUMMARY		STATEMENT	1
	CONTRIBUTIONS SUBJECT TO CONTRIBUTIONS SUBJECT TO				
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CO YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018 YEAR 2019	NTRIBUTIONS 80,841,934 73,889,808 94,239,796 62,690,952 381,486,270			
TOTAL CARI TOTAL CURI	YOVER RENT YEAR 10% CONTRIBUTIO	INS	693,148,760		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUS	- TED	693,148,760 13,483		
EXCESS 100	NTRIBUTIONS)% CONTRIBUTIONS ESS CONTRIBUTIONS	-	693,135,277 0 693,135,277	_	
	CONTRIBUTIONS DEDUCTION	-	095,155,277	13,	483
TOTAL CON	TRIBUTION DEDUCTION			13,	483

SCHE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

ENTITY

B Employer identification number

1 of

34 - 0714445

D Sequence:

		U	L	U	
 4.0	D .	de Die	1		

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

3

Α	Name of the or	ganization		
	JEWISH	FEDERATION	OF	CLEVELAND

C Unrelated business activity code (see instructions) > 901101

901101

E Describe the unrelated trade or business **INCOME** FROM PARTNERSHIPS

Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a b	Gross receipts or sales c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a					
	1120)) (see instructions)	<u>4a</u>	0.		
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 2	5	55,382.		55,382.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	55,382.		55,382.

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

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement) (see instructions)			5	
6	Taxes and licenses	6			
7	Depreciation (attach Form 4562) (see instructions)	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)	13			
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	I, line 13,		
	column (C)			16	55,382.
17	Deduction for net operating loss (see instructions)			17	43,508.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	11,874.
LHA	HA For Paperwork Reduction Act Notice, see instructions.				ile A (Form 990-T) 2020

023741 12-23-20

133 2020.05095 JEWISH FEDERATION OF CLEV 34-07142

					ENTITY 1
-	ule A (Form 990-T) 2020 III Cost of Goods Sold Enter meth				Page 2
Part		od of inventory valua			
1	Inventory at beginning of year				
2 3	Purchases				
4	Cost of labor Additional section 263A costs (attach statement)				
- 5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p				Yes No
Part					
1	Description of property (property street address, city, st	•	-		
	Α	, ,	(,	
	в 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
5 Part 1	V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A	e instructions)			0.
	В				
	c				
	D				
	-	Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
-	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
6	financed property (attach statement)	9	6 %	9	6 %
6 7	Divide line 4 by line 5	7	°0 %0	Y	<u>%</u>
7 8	Gross income reportable. Multiply line 2 by line 6 L Total gross income (add line 7, columns A through D).	Enter here and on P	art L line 7 column (A)		0.
0		Line nere and on P	arci, mer, contract (A)	F	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thro	ough D. Enter here a	nd on Part I. line 7. colu	mn (B)	0.
11	Total dividends-received deductions included in line				0.
	12-23-20				e A (Form 990-T) 2020

09530516 130236 34-0714445

134 2020.05095 JEWISH FEDERATION OF CLEV 34-07142

	ule A (Form 990-T) 2020		o and D	onto fron	n Control		aonization			Page 3
Part	VI Interest, Annu		es, and Re		n Contro		-	(,	
							Exempt Control	-	1	
	1. Name of controlle		Employer		unrelated		al of specified 5. Part of columns made that is included			6. Deductions directly
	organization		ntification umber		ne (loss) structions)	payn	tion's gross in		organiza-	connected with income in column 5
					Struction 13				income	
<u>(1)</u>										
<u>(2)</u>										
(3)										
<u>(4)</u>			No		Controllad O	 raonizati	000			
7	. Taxable Income	8. Net unre		1	Controlled O	-		of column 9	- 11	Deductions directly
'		income (I			yments mac			luded in the		connected with
		(see instruc	,		ymente mae			organization'	s	come in column 10
(4)			,				gross	income		
(<u>1</u>)										
<u>(2)</u>										
<u>(3)</u>										
(4)								ins 5 and 10.	Add	l columns 6 and 11.
								and on Part I		r here and on Part I.
								olumn (A)		ine 8, column (B)
Totals									0.	0.
Part	VII Investment	Income of a S	ection 50	1(c)(7) (9) or (17)	Organ	l nization (c	ee instructior		••
		cription of income			2. Amol		3. Deductio		Set-asides	5. Total deductions
					incor		directly conne		h statemen	nt) and set-asides
							(attach stater	ment)		(add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
. ,					Add amo					Add amounts in
					column 2 here and o					column 5. Enter here and on Part I,
					line 9, colu	,				line 9, column (B)
Totals				►		0.				0.
Part	VIII Exploited E	xempt Activity	y Income	, Other T	han Advo	ertising	g Income	see instructio	ons)	
1	Description of exploite									
2	Gross unrelated busin	·	rade or busi	ness. Ente	r here and o	n Part I.	line 10. colum	n (A)	2	
3	Expenses directly con					,	,	()		
-	line 10, column (B)								3	
4	Net income (loss) from									
-	lines 5 through 7								4	
5	Gross income from ac	tivity that is not ur	nrelated busi	iness incor	ne				5	
6	Expenses attributable									
7	Excess exempt expen									
	4. Enter here and on F								. 7	

Schedule A (Form 990-T) 2020

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09530516 130236 34-0714445

Sched Part	ule A (Form 990-T) 2020					Page 4
1	Name(s) of periodical(s). Check box if reporting A	two or	more periodicals on a c	onsolidated basi	S.	
Enter a	mounts for each periodical listed above in the c	orrespo	nding column.			
			A	В	С	D
2	Gross advertising income					0
_	Add columns A through D. Enter here and on F	Part I, IIr	ne 11, column (A)		•	0.
a ว	Direct educations costs by poriodical					
3	Direct advertising costs by periodical Add columns A through D. Enter here and on F					. 0.
а	Add coldmins A through D. Enter here and on P	art I, III				°.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero	6				
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain or	1				
	line 4, enter the lesser of line 4 or line 7					
	Add line 8, columns A through D. Enter the gre Part II, line 13				nd on	. 0.
Part	X Compensation of Officers, Dire	ectors	, and Trustees (se	e instructions)		
	1. Name		2. Title		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1) (0)					%	
(2)					%	
<u>(3)</u> (4)					%	
	Enter here and on Part II, line 1 XI Supplemental Information (see	instruc	tions)		►	0.

023732 12-23-20

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
CLEVELAND FEDERATION PE I, LLC - ORDINARY BUSINESS INCOME (LOSS)	55,382.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	55,382.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 3
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
43,508.	43,508.	0.

SCHE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

2

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

3

Α	Name of the or	ganization		
	JEWISH	FEDERATION	OF	CLEVELAND

C Unrelated business activity code (see instructions) > 901101

901101

E Describe the unrelated trade or business **INCOME FROM PARTNERSHIPS**

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance >	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 4	5	902.		902.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	902.		902.

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

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement) (see instructions)			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562) (see instructions)				
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from) Part	I, line 13,		
	column (C)			16	902.
17	Deduction for net operating loss (see instructions)	STAT	'EMENT 5	17	902.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2020

023741 12-23-20

09530516 130236 34-0714445

139 2020.05095 JEWISH FEDERATION OF CLEV 34-07142

B Employer identification number

2

of

34 - 0714445

D Sequence:

ITY 2	EN					
Page				of inventory valuation	orm 990-T) 2020 Cost of Goods Sold Enter method	<u>chedu</u> Part I
	1	T	F F		ory at beginning of year	
	2				ases	
	3				of labor	
	4				onal section 263A costs (attach statement)	4
	5				costs (attach statement)	
	6				Add lines 1 through 5	
	7				ory at end of year	
	8	Г			of goods sold. Subtract line 7 from line 6. Enter her	
Yes No				,	e rules of section 263A (with respect to property pro	
					Rent Income (From Real Property and P	Part l'
		uctions)	a dual-use (see instru	ZIP code). Check if	iption of property (property street address, city, stat	1
]	
]	
D		С	В	A		
					eceived or accrued	2
					personal property (if the percentage of	а
					or personal property is more than 10%	
					ot more than 50%)	
					real and personal property (if the	b
					ntage of rent for personal property exceeds	
					or if the rent is based on profit or income)	
					rents received or accrued by property.	с
					nes 2a and 2b, columns A through D	
0.	<u>.</u>			structions)	deductions. Add line 4 columns A through D. Enter Unrelated Debt-Financed Income (see iption of debt-financed property (street address, city	Part V
					J	
			в	•	J	
D		С	В	A	income from or allocable to debt-financed	2
					rty	
					ot-financed property	
					deductions (attach statement)	
					deductions (add lines 3a and 3b,	
					ins A through D)	
					nt of average acquisition debt on or allocable	
					ot-financed property (attach statement)	
9	%		%	%		
,			,,,			
0.	i		, line 7, column (A)	er here and on Part		8
					ble deductions. Multiply line 3c by line 6	9
٥.		nn (B)	n Part I, line 7, colur	D. Enter here and o	allocable deductions. Add line 9, columns A throu	
٥.		<u></u>]	<u></u>	<u></u>	dividends-received deductions included in line 10	11
		mn (B)	n Part I, line 7, colur	D. Enter here and c	ge adjusted basis of or allocable to debt- ed property (attach statement) e line 4 by line 5 income reportable. Multiply line 2 by line 6 gross income (add line 7, columns A through D). E ble deductions. Multiply line 3c by line 6 allocable deductions. Add line 9, columns A throu	5 6 7 8 9

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Schedule A (F	orm 990-T) 2020								Page 3
Part VI Ir	nterest, Annu	ities, Royalties, and	Rents fro	om Contro	lled Or	ganization	s (see ins	tructions)	
					E	Exempt Contro	lled Organiza	ations	
	 Name of controlled organization 		n inc			al of specified nents made	5. Part of column 4 that is included in the controlling organiza- tion's gross income		6. Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)									
<u>(+)</u>			Nonexemp	t Controlled O	rganizati	ons	I		
7. Taxab	ble Income	8. Net unrelated income (loss) (see instructions)	9.	Total of speci payments mad	fied	10. Part of that is inclusion controlling	of column 9 luded in the organization income	's	Deductions directly connected with come in column 10
(1)						<u>J</u>			
(2)									
(3)									
(4)									
Totals Part VII	Investment li	ncome of a Section	501(c)(7)	, (9), or (17)	► Orgai	,	ee instructio	0.	line 8, column (B) 0
		ription of income		2. Amou incor	unt of	3. Deduction directly connection (attach state)	ons 4. ected (atta	Set-asides ch stateme	
(1)									
(2)									
(3)									
(4)					-				
Totals				Add amo column 2 here and c line 9, col	. Enter n Part I,				Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0.
Part VIII	Exploited Ex	empt Activity Inco	me, Other	Than Adv	ertising	g Income	see instruct	ions)	
1 Descr	iption of exploited	d activity:							
2 Gross	unrelated busine	ss income from trade or	business. En	ter here and o	n Part I,	line 10, colum	n (A)	2	
•	•	ected with production of						3	
4 Net in	come (loss) from	unrelated trade or busine	ess. Subtract	line 3 from lin	e 2. If a g	gain, complete			
lines t	incough /							4	
		ivity that is not unrelated							
		o income entered on line es. Subtract line 5 from li						0	
	• •	art II, line 12	-					. 7	
							<u> </u>		

Schedule A (Form 990-T) 2020

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09530516 130236 34-0714445

Sched Part	IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reportin A B C D D C C C C C C C C C C	g two or	more periodicals on a o	consolidated basis		
Enter a	mounts for each periodical listed above in the o	correspo	nding column.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on	Part I, lin	ie 11, column (A)		▶	0.
a						
3	Direct advertising costs by periodical					0.
а	Add columns A through D. Enter here and on	Part I, III				
4	Advertising gain (loss). Subtract line 3 from lin 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8	9				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero	s				
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain o					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gr	eater of t	he line 8a, columns tot	al or zero here and	d on	
D I	Part II, line 13				>	0.
Part	X Compensation of Officers, Dir	ectors,	, and Trustees (so	ee instructions)	г т	
(4)	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
<u>(1)</u>					%	
(2)					%	
<u>(3)</u> (4)					90	
	Enter here and on Part II, line 1	e instruc	tions)		>	0.

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FORM 990-T (A)	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT 4
DESCRIPTION			NET INCOME OR (LOSS)
INVESTMENTS - ORDINARY	BUSINESS INCON	ME (LOSS)	902.
TOTAL INCLUDED ON SCHE	DULE A, PART I,	LINE 5	902.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 5
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
8,420.	902.	7,518.

SCHE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

ENTITY

B Employer identification number

34 - 0714445

D Sequence:

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

3

3 <u>of</u>

Α	Name of the or			
	JEWISH	FEDERATION	OF	CLEVELAND

901101 C Unrelated business activity code (see instructions)

E Describe the unrelated trade or business INCOME FROM PARTNERSHIPS

Ра	rt I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a	112,038.		112,038.
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b	-154.		-154
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 6	5	16,568.		16,568.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	128,452.		128,452

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

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages				1,500.
3	Repairs and maintenance				
4	Bad debts			4	
5	Interest (attach statement) (see instructions)			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562) (see instructions)	7			
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement) SEE	STA	TEMENT 7	14	3,000.
15	Total deductions. Add lines 1 through 14			15	4,500.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	Part	I, line 13,		
	column (C)			16	123,952.
17	Deduction for net operating loss (see instructions)			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				123,952.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2020

hedule A (Form 990-T) 2020:

023741 12-23-20

Schedu Part					ENTITY 3
Part	ule A (Form 990-T) 2020				Page 2
urt	Enter methodile	d of inventory valuation			
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8 9	Cost of goods sold. Subtract line 7 from line 6. Enter he Do the rules of section 263A (with respect to property pro		anala) analy ta tha ar		Yes No
Part	· · · · · · · · · · · · · · · · · · ·		4 1 1 4		
1	Description of property (property street address, city, sta				
•	A				
	в 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
5 Part '	Total deductions. Add line 4 columns A through D. Enter	r here and on Part I, line	e 6, column (B)		0
1	Description of debt-financed property (street address, cit		ck if a dual-use (see in	structions)	0.
1	Description of debt-financed property (street address, cit		ck if a dual-use (see in	structions)	0.
1	Description of debt-financed property (street address, city A B		sk if a dual-use (see in	structions)	0.
1	Description of debt-financed property (street address, city A B C		sk if a dual-use (see in	structions)	
1	Description of debt-financed property (street address, city A B	y, state, ZIP code). Cheo			
	Description of debt-financed property (street address, city A B C D		ck if a dual-use (see in	structions)	0.
1 2	Description of debt-financed property (street address, city A	y, state, ZIP code). Cheo			
2	Description of debt-financed property (street address, city A	y, state, ZIP code). Cheo			
	Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	y, state, ZIP code). Cheo			
2 3	Description of debt-financed property (street address, city A	y, state, ZIP code). Cheo			
2	Description of debt-financed property (street address, city A	y, state, ZIP code). Cheo			
2 3 a	Description of debt-financed property (street address, city A	y, state, ZIP code). Cheo			
2 3 a b	Description of debt-financed property (street address, city A	y, state, ZIP code). Cheo			
2 3 b	Description of debt-financed property (street address, city A	y, state, ZIP code). Cheo			
2 3 b c	Description of debt-financed property (street address, city A	y, state, ZIP code). Cheo			
2 3 b c	Description of debt-financed property (street address, city A	y, state, ZIP code). Cheo			
2 3 b c 4	Description of debt-financed property (street address, city A	y, state, ZIP code). Cheo			
2 3 b c 4	Description of debt-financed property (street address, city A	y, state, ZIP code). Cheo			D
2 3 b c 4 5	Description of debt-financed property (street address, city A	A A	B	C	D
2 3 b c 4 5 6	Description of debt-financed property (street address, city A	y, state, ZIP code). Cheo A	B	C	D
2 3 b c 4 5 6 7	Description of debt-financed property (street address, city A	y, state, ZIP code). Cheo A	B	C	0. 0.
2 3 b c 4 5 6 7 8 9	Description of debt-financed property (street address, city A	A A Control of the code). Check A A Control of the code of the cod	B	C	D %
2 3 b c 4 5 6 7 8	Description of debt-financed property (street address, city A	A A Second State, ZIP code). Cheorem A A Second State Second State State Second State Second State Second State Second State Second State Second State Second State State Second State	B % 10 Part I, line 7, column	C	D 96

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											ENTLTY 3
Schedu	lle A (Form 990-T) 2020 VI Interest, Annu	uition D	avaltica and D	nto fror	n Control		aonization	. /	·		Page 3
Part	VI Interest, Annu	illies, n	janies, and he		ii Contro		-	,	e instruct	,	
				Exempt Controlled Organizatio					-		
	1. Name of controlled		2. Employer		unrelated	1	al of specified		art of colui included		6. Deductions directly
	organization		identification		ne (loss)	payr	nents made		olling orga		connected with
			number	(see ins	structions)			tion's	s gross ind	come	income in column 5
(1)											
(2)											
(3)											
<u>(4)</u>											
		_	No	nexempt (Controlled O	rganizati	ions			_	
7.	Taxable Income	8.	Net unrelated	9. To	otal of speci	ied	10. Part			11. [Deductions directly
		ir	icome (loss)	ра	yments mac	е	that is inc				connected with
		(se	e instructions)					incom		inc	ome in column 10
(1)											
(2)											
(3)											
(4)											
<u></u>							Add colum	ins 5 a	nd 10	bbΔ	columns 6 and 11.
							Enter here				here and on Part I,
							line 8, c	column	(A)	lir	ne 8, column (B)
Totals									0.		0.
Part	VII Investment	ncome	of a Section 50	1(c)(7) (9) or (17)	Orga	l nization (s	oo inct	ructions)		- •
		cription of		• (•/(•/), (2. Amou	-	3. Deductio		· · · · ·	asides	5. Total deductions
	1 0000				incor		directly conn		(attach st		
							(attach stater		((add cols 3 and 4)
(1)											
(2) (2)											
(3)											
(4)					Add amo	ints in					Add amounts in
					column 2						column 5. Enter
					here and o	,					here and on Part I,
					line 9, colu	. ,					line 9, column (B)
Totals				>		0.					0.
Part			Activity Income,	, Other 1	han Advo	ertising	g Income	see in	structions		
1	Description of exploite	ed activity:									
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected wit	h production of unre	elated busi	iness incom	e. Enter I	here and on Pa	art I,			
	line 10, column (B)									3	
4	Net income (loss) from	unrelated	trade or business.	Subtract lir	ne 3 from lin	e 2. If a g	gain, complete	1			
	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F								<u></u>	7	

Schedule A (Form 990-T) 2020

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Sched Part	ule A (Form 990-T) 2020 IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reportin A B C D D	ng two or	more periodicals on a	consolidated basi	S.	
Enter a	amounts for each periodical listed above in the	correspo	nding column.			
		•	A	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or		e 11, column (A)			0.
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or	Part I, lin	e 11, column (B)			0.
4 5 6 7 8	Advertising gain (loss). Subtract line 3 from li 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column i line 4 showing a loss or zero, do not complet lines 5 through 7, and enter zero on line 8 Readership costs . Circulation income Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is les than line 6, enter zero Excess readership costs allowed as a deduction. For each column showing a gain line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the g Part II, line 13	n e 	he line 8a, columns to	otal or zero here ar	Ind on	0.
Part		rectors	and Trustees	see instructions)		· ·
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total Part	Enter here and on Part II, line 1 XI Supplemental Information (Se	ee instruc	tions)		>	0.

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FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION	NET INCOME OR (LOSS)
BEL PRO PARTNERS LLC - ORDINARY BUSINESS INCOME (LOSS) M MAGAZINE LTD - ORDINARY BUSINESS INCOME (LOSS) TIMBER RIDGE OF WESTLAKE LTD NET RENTAL REAL ESTATE	26. 2,281.
INCOME TOWNSEND REAL ESTATE FUND LP - ORDINARY BUSINESS INCOME	594.
(LOSS) TOWNSEND REAL ESTATE FUND LP - NET RENTAL REAL ESTATE	820.
INCOME TOWNSEND REAL ESTATE ALPHA FUND III LP - ORDINARY BUSINESS INCOME (LOSS)	-1,754. -516.
TOWNSEND REAL ESTATE ALPHA FUND III LP - NET RENTAL REAL ESTATE INCOME	-1,913.
VARDE INVESTMENT PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)	-16,943.
VARDE INVESTMENT PARTNERS LP - NET RENTAL REAL ESTATE INCOME	-28.
VARDE INVESTMENT PARTNERS LP - INTEREST INCOME VARDE INVESTMENT PARTNERS LP - DIVIDEND INCOME VARDE INVESTMENT PARTNERS LP - ROYALTIES	49,766. 9,642. 46.
VARDE INVESTMENT PARTNERS LP - ROTALTIES VARDE INVESTMENT PARTNERS LP - OTHER INCOME (LOSS) FORTRESS TRANSPORTATION AND INFRASTRUCTURE INVESTORS LLC -	-39,768.
ORDINARY BUSINESS GRAND BAY OF BRECKSVILLE, LP - NET RENTAL REAL ESTATE	569.
INCOME DARLINGTON PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)	23,944. -5,269.
ALKEON GROWTH PARTNERS II, LP - INTEREST INCOME ALKEON GROWTH PARTNERS II, LP - DIVIDEND INCOME ALKEON GROWTH PARTNERS II, LP - OTHER PORTFOLIO INCOME	2. 1.
(LOSS) ALKEON GROWTH PARTNERS II, LP - OTHER INCOME (LOSS)	-27. -13.
THE INN OF CHAGRIN FALLS LMTD. PTNR - ORDINARY BUSINESS INCOME (LOSS)	-1,859.
BROOKFIELD STRATEGIC REAL ESTATE PARTNERS II B, LP - ORDINARY BUSINESS INCOM	-1,398.
PEPPERTREE CAPITAL FUND VIII LP - NET RENTAL REAL ESTATE INCOME	-1,635.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	16,568.

STATEMENT(S) 7 150 2020.05095 JEWISH FEDERATION OF CLEV 34-07142

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FORM 990-T (A)	OTHER DEDUCTIONS STATE	MENT
DESCRIPTION	АМ	IOUNT
ACCOUNTING FEES		3
TOTAL TO SCHEDULE A, PART II, LI	NE 14	3

3,000.

3,000.

NT 7

Department of the Treasury Internal Revenue Service

Name

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2020

Employer identification number

34 - 0714445

JEWISH	FEDERATION	OF	CLEVELAND
		01	

Did the corporation dispose of a	•					Yes X No
If "Yes," attach Form 8949 and			1 07	0		
Part I Short-Term C See instructions for how to figure t			ets Held One Year			(h) Gain or (loss)
to enter on the lines below. This form may be easier to complete		(d) Proceeds (sales price)	(e) Cost (cr other basis)	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
round off cents to whole dollars.		(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
1a Totals for all short-term transact reported on Form 1099-B for w was reported to the IRS and for have no adjustments (see instru- However, if you choose to repo transactions on Form 8949, lea blank and go to line 1b	rhich basis r which you uctions). rt all these					
1b Totals for all transactions repor	rted on					
Form(s) 8949 with Box A check	ked					
2 Totals for all transactions repor	rted on					
Form(s) 8949 with Box B check	ked					
3 Totals for all transactions repor	rted on					
Form(s) 8949 with Box C check	ked					28,888.
4 Short-term capital gain from ins	stallment sales from	Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss					5	
6 Unused capital loss carryover (a					6	()
7 Net short-term capital gain or (Part II Long-Term C					7	28,888.
Part II Long-Term C	apital Gains a	nd Losses - Ass	ets Held More Thar	n One Year		
See instructions for how to figure to enter on the lines below.	he amounts	(d)	(e)	(g) Adjustments to ga	ain	(h) Gain or (loss) Subtract column (e) from
This form may be easier to complete round off cents to whole dollars.	e if you	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column		column (d) and combine the result with column (g)
	tions reported is was ch you have rs). However, e transactions lank and go to					column (d) and combine the
This form may be easier to complete round off cents to whole dollars. 8a Totals for all long-term transact on Form 1099-B for which basi reported to the IRS and for whi no adjustments (see instruction if you choose to report all these on Form 8949, leave this line bl	tions reported is was ch you have is). However, e transactions lank and go to					column (d) and combine the
This form may be easier to complete round off cents to whole dollars. 8a Totals for all long-term transact on Form 1099-B for which basi reported to the IRS and for whi no adjustments (see instruction if you choose to report all these on Form 8949, leave this line bl line 8b	tions reported s was ch you have ns). However, e transactions lank and go to ted on					column (d) and combine the
This form may be easier to complete round off cents to whole dollars. 8a Totals for all long-term transact on Form 1099-B for which basis reported to the IRS and for whi no adjustments (see instruction if you choose to report all these on Form 8949, leave this line bl line 8b 8b Totals for all transactions report	tions reported s was ch you have ns). However, e transactions lank and go to ted on ked					column (d) and combine the
This form may be easier to complete round off cents to whole dollars. 8a Totals for all long-term transact on Form 1099-B for which basis reported to the IRS and for whi no adjustments (see instruction if you choose to report all these on Form 8949, leave this line bl line 8b 8b Totals for all transactions repor Form(s) 8949 with Box D check	tions reported s was ch you have rs). However, e transactions lank and go to ted on ked ted on					column (d) and combine the
This form may be easier to complete round off cents to whole dollars.8aTotals for all long-term transact on Form 1099-B for which basi reported to the IRS and for which no adjustments (see instruction if you choose to report all these on Form 8949, leave this line bl line 8b8bTotals for all transactions report Form(s) 8949 with Box D check9Totals for all transactions report	tions reported s was ch you have rs). However, e transactions lank and go to ted on ked					column (d) and combine the
This form may be easier to complete round off cents to whole dollars. 8a Totals for all long-term transact on Form 1099-B for which basi reported to the IRS and for which no adjustments (see instruction if you choose to report all these on Form 8949, leave this line bl line 8b 8b Totals for all transactions report Form(s) 8949 with Box D check 9 Totals for all transactions report Form(s) 8949 with Box E check	tions reported s was ch you have rs). However, e transactions lank and go to ted on ked					column (d) and combine the
This form may be easier to complete round off cents to whole dollars. 8a Totals for all long-term transact on Form 1099-B for which basi reported to the IRS and for whin no adjustments (see instruction if you choose to report all these on Form 8949, leave this line bl line 8b 8b Totals for all transactions repor Form(s) 8949 with Box D check 9 Totals for all transactions repor Form(s) 8949 with Box E check 10 Totals for all transactions repor Form(s) 8949 with Box F check 11 Enter gain from Form 4797, lin	tions reported s was ch you have ns). However, e transactions lank and go to ted on ked ted on ked ted on ked ted on ked ted on ked	(sales price)	(or other basis)	Part II, line 2, column		column (d) and combine the result with column (g)
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This form may be easier to complete round off cents to whole dollars. 8a Totals for all long-term transact on Form 1099-B for which basi reported to the IRS and for whin no adjustments (see instruction if you choose to report all these on Form 8949, leave this line bl line 8b 8b Totals for all transactions repor Form(s) 8949 with Box D check 9 Totals for all transactions repor Form(s) 8949 with Box E check 10 Totals for all transactions repor Form(s) 8949 with Box F check 11 Enter gain from Form 4797, lin	tions reported s was ch you have ns). However, e transactions lank and go to ted on ked ted on ked ted on ked ted on ked ted on ked ted on stallment sales from	(sales price) Form 6252, line 26 or 3	(or other basis)	Part II, line 2, column	(g)	column (d) and combine the result with column (g)
 This form may be easier to complete round off cents to whole dollars. 8a Totals for all long-term transact on Form 1099-B for which basi reported to the IRS and for which o adjustments (see instructior if you choose to report all these on Form 8949, leave this line bl line 8b 8b Totals for all transactions report Form(s) 8949 with Box D check 9 Totals for all transactions report Form(s) 8949 with Box E check 10 Totals for all transactions report Form(s) 8949 with Box F check 11 Enter gain from Form 4797, line 12 Long-term capital gain or (loss 14 Capital gain distributions	tions reported s was ch you have rs). However, e transactions lank and go to ted on ked ted on ked ted on ked ted on ked ted on ked ted on ked ted on ked	(sales price) Form 6252, line 26 or 3 anges from Form 8824	(or other basis)	Part II, line 2, column	(g) 11 12	column (d) and combine the result with column (g) 83,150.
 This form may be easier to complete round off cents to whole dollars. 8a Totals for all long-term transact on Form 1099-B for which basi reported to the IRS and for which o adjustments (see instructior if you choose to report all these on Form 8949, leave this line bl line 8b 8b Totals for all transactions report Form(s) 8949 with Box D check 9 Totals for all transactions report Form(s) 8949 with Box E check 10 Totals for all transactions report Form(s) 8949 with Box F check 11 Enter gain from Form 4797, lint 12 Long-term capital gain or (loss 14 Capital gain distributions	tions reported s was ch you have rs). However, e transactions lank and go to ted on ked ted on ked ted on ked ted on ked ted on ked for 9 stallment sales from s) from like-kind exch	(sales price) Form 6252, line 26 or 3 anges from Form 8824	(or other basis)	Part II, line 2, column	(g) 11 12 13	column (d) and combine the result with column (g)
 This form may be easier to complete round off cents to whole dollars. 8a Totals for all long-term transact on Form 1099-B for which basis reported to the IRS and for which no adjustments (see instruction if you choose to report all these on Form 8949, leave this line bl line 8b 8b Totals for all transactions report Form(s) 8949 with Box D check 9 Totals for all transactions report Form(s) 8949 with Box E check 10 Totals for all transactions report Form(s) 8949 with Box E check 11 Enter gain from Form 4797, line 12 Long-term capital gain or (loss 14 Capital gain distributions	tions reported s was ch you have rs). However, e transactions lank and go to ted on ked ted on ked ted on ked ted on ked ted on ked to stallment sales from stallment sales from so from like-kind exch Parts I and II	(sales price) Form 6252, line 26 or 3 anges from Form 8824 <u>8a through 14 in colum</u>	(or other basis)	Part II, line 2, column	(g) 11 12 13 14	column (d) and combine the result with column (g) 83,150.
 This form may be easier to complete round off cents to whole dollars. 8a Totals for all long-term transact on Form 1099-B for which basis reported to the IRS and for whin no adjustments (see instruction if you choose to report all these on Form 8949, leave this line bl line 8b 8b Totals for all transactions report Form(s) 8949 with Box D check 9 Totals for all transactions report Form(s) 8949 with Box E check 10 Totals for all transactions report Form(s) 8949 with Box F check 11 Enter gain from Form 4797, line 12 Long-term capital gain or (loss 14 Capital gain distributions	tions reported s was ch you have rs). However, e transactions lank and go to ted on ked ted on ted on ked ted on ked ted on ted on t	(sales price) Form 6252, line 26 or 3 anges from Form 8824 8a through 14 in colum	(or other basis) 7 7 1 loss (line 15)	Part II, line 2, column	(g) 11 12 13 14	column (d) and combine the result with column (g) 83,150.
 This form may be easier to complete round off cents to whole dollars. 8a Totals for all long-term transact on Form 1099-B for which basis reported to the IRS and for which no adjustments (see instruction if you choose to report all these on Form 8949, leave this line bl line 8b 8b Totals for all transactions report Form(s) 8949 with Box D check 9 Totals for all transactions report Form(s) 8949 with Box E check 10 Totals for all transactions report Form(s) 8949 with Box E check 11 Enter gain from Form 4797, line 12 Long-term capital gain or (loss 14 Capital gain distributions	tions reported s was ch you have rs). However, e transactions lank and go to ted on ked ted on ted on ked ted on ked ted on ted on t	(sales price) Form 6252, line 26 or 3 anges from Form 8824 8a through 14 in colum	(or other basis) 7 7 1 loss (line 15)	Part II, line 2, column	(g) 11 12 13 14 15	column (d) and combine the result with column (g) 83,150. 83,150.
 This form may be easier to complete round off cents to whole dollars. 8a Totals for all long-term transact on Form 1099-B for which basis reported to the IRS and for whin no adjustments (see instruction if you choose to report all these on Form 8949, leave this line bl line 8b 8b Totals for all transactions report Form(s) 8949 with Box D check 9 Totals for all transactions report Form(s) 8949 with Box E check 10 Totals for all transactions report Form(s) 8949 with Box F check 11 Enter gain from Form 4797, line 12 Long-term capital gain or (loss 14 Capital gain distributions	tions reported s was ch you have ns). However, e transactions lank and go to ted on ked ted on teller to r 9 stallment sales from teller to re teller teller telle	(sales price) Form 6252, line 26 or 3 anges from Form 8824 <u>8a through 14 in colum</u> over net long-term capita al gain (line 15) over ne	(or other basis) 7 n h al loss (line 15) t short-term capital loss (line	Part II, line 2, column	(g) 11 12 13 14 15 16	column (d) and combine the result with column (g) 83,150. 83,150. 83,150. 28,888.

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

Schedule D (Form 1120) 2020

021051 12-14-20



Name(s) shown on return

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB	No.	1545-0074

Social security number or

taxpayer identification no.

JEWISH FEDERATION OF CLEVELAND					34-0	714445	
Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your proker and may even tell you which box to check.							
Part I Short-Term. Transact	art I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term						
transactions, see page 2. Note: You may aggregate al codes are required. Enter the							
You must check Box A, B, or C below. If you have more short-term transactions than wi	Check only one bo	x. If more than one b	ox applies for your shor	t-term transactions, comp	lete a separat	e Form 8949, page 1, for	each applicable box.
(A) Short-term transactions re					,		
(B) Short-term transactions re						,	
X (C) Short-term transactions no							
1 (a)	(b)	(c)	(d)	(e)	Adjustmen	t, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis. See the	loss. If yo in column	(g), enter an amount	Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(caree price)	Note below and		. See instructions.	from column (d) &
		(Mo., day, yr.)		see <i>Column (e)</i> in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
VARDE INVESTMENT PARTNERS							
LP							17,126.
ALKEON GROWTH PARTNERS II,							
LP							11,762.
2 Totals. Add the amounts in columnegative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 1b (if Box A abo above is checked), or line 3 (if B		,					28,888.
Note: If you checked Box A above b			Nac incorrect ant	or in column (a) the	basis as r	oported to the IDC	, ,
adjustment in column (g) to correct	•			. ,		•	

 $09530516 \ 130236 \ 34-0714445$

^{2020.05095} JEWISH FEDERATION OF CLEV 34-07142

Form 8949 (2020)				Attachn	nent Sequer	nce No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1 Social security number or taxpayer identification no.					•		
JEWISH FEDERATION OF CLEVELAND 34-0714445							
Before you check Box D, E, or F belo statement will have the same information	ow, see whether ation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	ent(s) from r cost) was i	your broker. A su reported to the IF	bstitute IS by your
Part II Long-Term. Transaction see page 1.	DOX TO CHECK.	al assets you held r	nore than 1 year are	generally long-term (s	ee instructior	ns). For short-term to	ransactions,
Note: You may aggregate all codes are required. Enter the You must check Box D, E, or F below. (If you have more long-term transactions than will	e totals directly on S Check only one bo	Schedule D, line 8a x. If more than one b	; you aren't required ox applies for your long	to report these trans	actions on Fo ete a separate F	rm 8949 (see instru Form 8949, page 2, for e	ctions).
(D) Long-term transactions rep			•		Note abov	ve)	
(F) Long-term transactions not			3	1			
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the	loss. If you in column (, if any, to gain or u enter an amount g), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e)
		(Mo., day, yr.)		Note below and see <i>Column (e)</i> in the instructions	(4)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
VARDE INVESTMENT PARTNERS							
LP							<21,730.>
DARLINGTON PARTNERS LP							97,998.
ALKEON GROWTH PARTNERS II, LP							6,882.
							0,002.
2 Totals. Add the amounts in colur negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if E							83,150.
Note: If you checked Box D above b adjustment in column (g) to correct t				.,		•	

023012 12-11-20

Department of the Treasury Internal Revenue Service

Name

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2020

Employer identification number

34 - 0714445

JEWISH	FEDERATION	OF	CLEVELAND

		nt(s) in a qualified opportuni				Yes X No
	ach Form 8949 and see its instruc		1 07	0		
Part I	Short-Term Capital Gai		ets Held Une Year			(h) Gain or (loss)
to enter on t	he lines below. ay be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
round off cei	nts to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
reportec was rep have no Howeve transact	or all short-term transactions d on Form 1099-B for which basis orted to the IRS and for which you adjustments (see instructions). r, if you choose to report all these ions on Form 8949, leave this line ad go to line 1b					
1b Totals fo	or all transactions reported on					
Form(s)	8949 with Box A checked					
2 Totals for	or all transactions reported on					
Form(s)	8949 with Box B checked					
3 Totals for	or all transactions reported on					
Form(s)	8949 with Box C checked					28,888.
4 Short-te	rm capital gain from installment sales	from Form 6252, line 26 or 37			4	
	rm capital gain or (loss) from like-kind				5	
	capital loss carryover (attach computa				6	()
	rt-term capital gain or (loss). Combine Long-Term Capital Gain				7	28,888.
Part II	Long-Term Capital Gai	ns and Losses - Asse	ets Held More Tha	n One Year		
to enter on t	ions for how to figure the amounts he lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89		(h) Gain or (loss) Subtract column (e) from
This form ma round off cei	ay be easier to complete if you nts to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column		column (d) and combine the result with column (g)
8a Totals fo on Form reported no adjus if you ch	ay be easier to complete if you hts to whole dollars. or all long-term transactions reported 1 1099-B for which basis was I to the IRS and for which you have stments (see instructions). However, noose to report all these transactions 1 8949, leave this line blank and go to					
8a Totals for on Form reported no adjus if you ch on Form line 8b	or all long-term transactions reported 1 1099-B for which basis was I to the IRS and for which you have stments (see instructions). However, noose to report all these transactions 1 8949, leave this line blank and go to					
 8a Totals for on Form reported no adjus if you ch on Form line 8b 8b Totals for the second secon	or all long-term transactions reported 1099-B for which basis was I to the IRS and for which you have stments (see instructions). However, noose to report all these transactions 18949, leave this line blank and go to					
 8a Totals for on Form reported no adjus if you ch on Form line 8b 8b Totals for Form(s) 	or all long-term transactions reported 1 1099-B for which basis was I to the IRS and for which you have stments (see instructions). However, noose to report all these transactions 1 8949, leave this line blank and go to or all transactions reported on					
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8a Totals for on Form reported no adjus if you ct on Form line 8b 8b Totals for Form(s) 9 Totals for Form(s)	or all long-term transactions reported 1 1099-B for which basis was to the IRS and for which you have stments (see instructions). However, noose to report all these transactions 8 949, leave this line blank and go to or all transactions reported on 8949 with Box D checked or all transactions reported on					
8aTotals for on Form reported no adjus if you cf on Form line 8b8bTotals for Form(s)9Totals for Form(s)10Totals for Form(s)	or all long-term transactions reported 1099-B for which basis was to the IRS and for which you have stments (see instructions). However, noose to report all these transactions 18949, leave this line blank and go to concept all transactions reported on 18949 with Box D checked or all transactions reported on 18949 with Box E checked					
 8a Totals for on Form reported no adjus if you ch on Form line 8b 8b Totals for Form(s) 9 Totals for Form(s) 10 Totals for Form(s) 11 Enter gata 	or all long-term transactions reported 1099-B for which basis was to the IRS and for which you have stments (see instructions). However, noose to report all these transactions 18949, leave this line blank and go to or all transactions reported on 8949 with Box D checked or all transactions reported on 8949 with Box E checked or all transactions reported on 8949 with Box F checked ain from Form 4797, line 7 or 9	(sales price)	(or other basis)	Part II, line 2, column		result with column (g)
 8a Totals for on Form reported no adjus if you ch on Form line 8b 8b Totals for Form(s) 9 Totals for Form(s) 10 Totals for Form(s) 11 Enter gata 	or all long-term transactions reported 1099-B for which basis was to the IRS and for which you have stments (see instructions). However, noose to report all these transactions 18949, leave this line blank and go to or all transactions reported on 8949 with Box D checked or all transactions reported on 8949 with Box E checked	(sales price)	(or other basis)	Part II, line 2, column	(g)	result with column (g)
 8a Totals for on Form reported no adjus if you ct on Form line 8b 8b Totals for Form(s) 9 Totals for Form(s) 10 Totals for Form(s) 11 Enter gat 12 Long-tet 	or all long-term transactions reported 1099-B for which basis was to the IRS and for which you have stments (see instructions). However, noose to report all these transactions 18949, leave this line blank and go to or all transactions reported on 8949 with Box D checked or all transactions reported on 8949 with Box E checked or all transactions reported on 8949 with Box F checked ain from Form 4797, line 7 or 9	(sales price) (sales price) (from Form 6252, line 26 or 37	(or other basis)	Part II, line 2, column	(g)	result with column (g)
 8a Totals for on Form reported no adjus if you ch on Form line 8b 8b Totals for Form(s) 9 Totals for Form(s) 10 Totals for Form(s) 11 Enter gate 12 Long-tee 13 Long-tee 14 Capital 	or all long-term transactions reported 1 1099-B for which basis was to the IRS and for which you have stments (see instructions). However, noose to report all these transactions 1 8949, leave this line blank and go to or all transactions reported on 8949 with Box D checked or all transactions reported on 8949 with Box E checked or all transactions reported on 8949 with Box E checked or all transactions reported on 8949 with Box F checked ain from Form 4797, line 7 or 9 rrm capital gain from installment sales rrm capital gain or (loss) from like-king gain distributions	(sales price) (sales price) (s	(or other basis)	Part II, line 2, column	(g) 11 12	83,150.
 8a Totals for on Form reported no adjus if you ch on Form line 8b 8b Totals for Form(s) 9 Totals for Form(s) 10 Totals for Form(s) 11 Enter gate 12 Long-tee 13 Long-tee 14 Capital 	or all long-term transactions reported 1099-B for which basis was to the IRS and for which you have stments (see instructions). However, noose to report all these transactions 18949, leave this line blank and go to or all transactions reported on 18949 with Box D checked or all transactions reported on 18949 with Box E checked or all transactions reported on 18949 with Box E checked or all transactions reported on 18949 with Box F checked ain from Form 4797, line 7 or 9 rrm capital gain from installment sales rrm capital gain or (loss) from like-kind gain distributions g-term capital gain or (loss). Combine	(sales price) (sales price) (from Form 6252, line 26 or 37 d exchanges from Form 8824 (lines 8a through 14 in column	(or other basis)	Part II, line 2, column	(g) 11 12 13	result with column (g)
 8a Totals for on Form reported no adjustif you cf on Form line 8b 8b Totals for Form(s) 9 Totals for Form(s) 10 Totals for Form(s) 11 Enter gatistic Long-tee 13 Long-tee 14 Capital 15 Net Iong 	or all long-term transactions reported 1099-B for which basis was to the IRS and for which you have stments (see instructions). However, noose to report all these transactions 18949, leave this line blank and go to or all transactions reported on 18949 with Box D checked or all transactions reported on 18949 with Box E checked or all transactions reported on 18949 with Box E checked or all transactions reported on 18949 with Box E checked ain from Form 4797, line 7 or 9 arm capital gain from installment sales arm capital gain or (loss) from like-kind gain distributions g-term capital gain or (loss). Combine Summary of Parts I anc	(sales price) (sales price) from Form 6252, line 26 or 37 d exchanges from Form 8824 lines 8a through 14 in column II	(or other basis)	Part II, line 2, column	(g) 11 12 13 14	83,150.
 8a Totals for on Form reported no adjustif you cf on Form line 8b 8b Totals for Form(s) 9 Totals for Form(s) 10 Totals for Form(s) 11 Enter gatistic Long-tee 13 Long-tee 14 Capital 15 Net Iong 	or all long-term transactions reported 1099-B for which basis was to the IRS and for which you have stments (see instructions). However, noose to report all these transactions 18949, leave this line blank and go to or all transactions reported on 18949 with Box D checked or all transactions reported on 18949 with Box E checked or all transactions reported on 18949 with Box E checked or all transactions reported on 18949 with Box F checked ain from Form 4797, line 7 or 9 rrm capital gain from installment sales rrm capital gain or (loss) from like-kind gain distributions g-term capital gain or (loss). Combine	(sales price) (sales price) from Form 6252, line 26 or 37 d exchanges from Form 8824 lines 8a through 14 in column II	(or other basis)	Part II, line 2, column	(g) 11 12 13 14	83,150.
 8a Totals for on Form reported no adjustif you ch on Form line 8b 8b Totals for Form(s) 9 Totals for Form(s) 10 Totals for Form(s) 11 Enter gate 12 Long-tee 13 Long-tee 14 Capital 15 Net long 16 Enter ex 	or all long-term transactions reported 1099-B for which basis was to the IRS and for which you have stments (see instructions). However, noose to report all these transactions 18949, leave this line blank and go to or all transactions reported on 18949 with Box D checked or all transactions reported on 18949 with Box E checked or all transactions reported on 18949 with Box E checked or all transactions reported on 18949 with Box E checked ain from Form 4797, line 7 or 9 arm capital gain from installment sales arm capital gain or (loss) from like-kind gain distributions g-term capital gain or (loss). Combine Summary of Parts I anc	(sales price) (sales price) (from Form 6252, line 26 or 37 d exchanges from Form 8824 (lines 8a through 14 in column 11 (1) (a 7) over net long-term capital	(or other basis)	Part II, line 2, column	(g) 11 12 13 14 15	result with column (g) 83,150. 83,150.
 8a Totals for on Form reported no adjus if you ch on Form line 8b 8b Totals for Form(s) 9 Totals for Form(s) 10 Totals for Form(s) 11 Enter gate 12 Long-tee 13 Long-tee 14 Capital 15 Net long 16 Enter ex 17 Net cap 	or all long-term transactions reported 1099-B for which basis was to the IRS and for which you have stments (see instructions). However, noose to report all these transactions 8949, leave this line blank and go to or all transactions reported on 8949 with Box D checked or all transactions reported on 8949 with Box E checked or all transactions reported on 8949 with Box E checked or all transactions reported on 8949 with Box F checked ain from Form 4797, line 7 or 9 erm capital gain or (loss) from like-kind gain distributions g-term capital gain or (loss). Combine Summary of Parts I anc access of net short-term capital gain (lin	(sales price) (sales price) (from Form 6252, line 26 or 37 d exchanges from Form 8824 (lines 8a through 14 in column 11 e 7) over net long-term capital capital gain (line 15) over net	(or other basis)	Part II, line 2, column	(g) 11 12 13 14 15 16	result with column (g) 83,150. 83,150. 28,888.

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

Schedule D (Form 1120) 2020

021051 12-14-20



Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

12A

Name(s) shown on return

Social security number or taxpayer identification no.

JEWISH FEDERATION OF CLEVELAND						714445	
Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.					bstitute S by your		
Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term							
transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).							
You must check Box A, B, or C below.							each applicable box.
(A) Short-term transactions rep							
(B) Short-term transactions re			-			,	
X (C) Short-term transactions no		-	-				
1 (a)	(b)	(c)	(d)	(e)		it, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		(g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the Note below and	column (f)	. See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f)	(g)	combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
VARDE INVESTMENT PARTNERS							
LP							17,126.
ALKEON GROWTH PARTNERS II,							
LP							11,762.
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 1b (if Box A abo	ove is checked),	line 2 (if Box B					
above is checked), or line 3 (if B	ox C above is ch	ecked)					28,888.
Note: If you checked Box A above b	•					•	•
adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.							

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Form 8949 (2020)				Attachn	nent Sequer	nce No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1 Social security number or taxpayer identification no.					•		
JEWISH FEDERATION OF CLEVELAND 34-0714445							
Before you check Box D, E, or F belo statement will have the same information	ow, see whether ation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	ent(s) from r cost) was i	your broker. A su reported to the IF	bstitute IS by your
Part II Long-Term. Transaction see page 1.	DOX TO CHECK.	al assets you held r	nore than 1 year are	generally long-term (s	ee instructior	ns). For short-term to	ransactions,
Note: You may aggregate all codes are required. Enter the You must check Box D, E, or F below. (If you have more long-term transactions than will	e totals directly on S Check only one bo	Schedule D, line 8a x. If more than one b	; you aren't required ox applies for your long	to report these trans	actions on Fo ete a separate F	rm 8949 (see instru Form 8949, page 2, for e	ctions).
(D) Long-term transactions rep			•		Note abov	ve)	
(F) Long-term transactions not			3	1			
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the	loss. If you in column (, if any, to gain or u enter an amount g), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e)
		(Mo., day, yr.)		Note below and see <i>Column (e)</i> in the instructions	(4)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
VARDE INVESTMENT PARTNERS							
LP							<21,730.>
DARLINGTON PARTNERS LP							97,998.
ALKEON GROWTH PARTNERS II, LP							6,882.
							0,002.
2 Totals. Add the amounts in colur negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if E							83,150.
Note: If you checked Box D above b adjustment in column (g) to correct t				.,		•	

023012 12-11-20

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return.

	OMB No. 1545-0184
	2020
	LULU
	Attachment Sequence No. 27
Ide	entifying number

8

9

Go to www.irs.gov/Form4797 for instructions and the latest information.

JEWISH FEDERATION OF CLEVELAND							34-0714445
1 Enter the gross proceeds from sales or (or substitute statement) that you are in	0 1		020 on Form(s) 109	99-B or 1099-S		1	
Part I Sales or Exchanges of Than Casualty or Theft					y Convers instructions)	ions	s From Other
2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or of basis, plus improvements expense of sa	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
TOWNSEND REAL ESTATE ALPHA FUND							
III LP							-190.
VARDE INVESTMENT PARTNERS LP							36.
3 Gain, if any, from Form 4684, line 39				l	l 	3	
4 Section 1231 gain from installment s	sales from Form 6	6252, line 26 or 3	37		L	4	

5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	-154.
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K,		
	line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount
from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section
1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on
the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8	Nonrecaptured net section	1231 losses from prior	vears. See instructions
0	Noniceaptarea net section	1201 103303 110111 p1101	years. Oce monuctions

9	Subtract line 8 from line 7. If zero or less, enter -0 If line 9 is zero, enter the gain from line 7 on line 12 below. If
	line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term
	capital gain on the Schedule D filed with your return. See instructions

Ordinary Gains and Losses (see instructions) Part II

10	Ordinary gains and losses not included on lines 11 through 16 (in	clude property he	ld 1 year or I	ess):				
11	Loss, if any, from line 7					11	(154.)
12	Gain, if any, from line 7 or amount from line 8, if applicable							
13								
14	4 Net gain or (loss) from Form 4684, lines 31 and 38a							
15								
16								
17								-154.
18								
	a and b below. For individual returns, complete lines a and b below.							
а	If the loss on line 11 includes a loss from Form 4684, line 35, colur	mn (b)(ii), enter tha	at part of the	loss here.	Enter the			
	loss from income-producing property on Schedule A (Form 1040),	line 16. (Do not in	clude any lo	ss on prop	erty used			
	as an employee.) Identify as from "Form 4797, line 18a." See instructions							
b	b Redetermine the gain or (loss) on line 17 excluding the loss, if any,	, on line 18a. Ente	r here and or	n Schedule	1			
	(Form 1040), Part I, line 4					18b		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)

Page **2**

(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			(b) Date acquired (mo., day, yr.)	(c) Date sol (mo., day, yr
4						
В						
C						
ם						
These columns relate to the properties on						
lines 19A through 19D.		Property A	Property	в	Property C	Property
Gross sales price (Note: See line 1 before completing.)	20					
Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable \dots	22					
Adjusted basis. Subtract line 22 from line 21	23					
Total gain. Subtract line 23 from line 20	24					
If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a	25b					
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975. See instructions	26a					
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a					
b Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 	28a					
b Enter the smaller of line 24 or 28a	28b					1
 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 	29a					
b Enter the smaller of line 24 or 29a. See instructions	29b					
ummary of Part III Gains. Complete property of		A through D through	line OOb before	aaina	ta lina 20	
	Joiumns			going		
Total gains for all properties. Add property columns	A throu	gh D, line 24			30)
Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter he	re and on line 13	3	31	1
Subtract line 31 from line 30. Enter the portion from from other than casualty or theft on Form 4797, line	e	y or theft on Form 4		•	20	2
vart IV Recapture Amounts Under Section (see instructions)	ons 179	9 and 280F(b)(2)	When Busir	iess l		
					(a) Section	(b) Section
					179	280F(b)(2)
Section 179 expense deduction or depreciation allo	wable ir	n prior years		33		1
		· p yeare		34		
Recomputed depreciation. See instructions				1 07 1		

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 $09530516 \ 130236 \ 34-0714445$

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return.

	OMB No. 1545-0184
	2020
	Attachment Sequence No. 27
lde	entifying number

-154.

5 6

7

8

9

► Go to www.irs.gov/Form4797 for instructions and the latest information.

JEWISH FEDERATION OF CLEVELAND							34-0714445
1 Enter the gross proceeds from sales or (or substitute statement) that you are in	0 1	,	020 on Form(s) 109	99-B or 1099-S		1	
Part I Sales or Exchanges of Than Casualty or Theft					y Convers instructions)	ions	From Other
2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	h (f) Cost or other basis, plus improvements and expense of sale		(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
TOWNSEND REAL ESTATE ALPHA FUND							
III LP							-190.
VARDE INVESTMENT PARTNERS LP							36.
3 Gain, if any, from Form 4684, line 39					l 	3	
4 Section 1231 gain from installment s	sales from Form 6	5252, line 26 or 3	37			4	

5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824
6	Gain, if any, from line 32, from other than casualty or theft
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

Combine lines 2 through 0. Enter the gain of (loss) here and on the appropriate line as follows
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K
line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included or	lines 11 th	nrough 16 (inclu	de property he	eld 1 year or	less):				
11	Loss, if any, from line 7							11	(154.)
12	Gain, if any, from line 7 or amount from lin	e 8, if appl	icable					12		
13	Gain, if any, from line 31							13		
14	Net gain or (loss) from Form 4684, lines 3	and 38a						14		
15	Ordinary gain from installment sales from							15		
16	Ordinary gain or (loss) from like-kind excha							16		
17								17		-154.
18	For all except individual returns, enter the									
	a and b below. For individual returns, com	plete lines	a and b below.							
а	If the loss on line 11 includes a loss from F	orm 4684,	line 35, column	(b)(ii), enter th	at part of the	e loss here.	Enter the			
	loss from income-producing property on So	hedule A (Form 1040), line	e 16. (Do not ir	clude any lo	oss on prop	erty used			
	as an employee.) Identify as from "Form 4797, line 18a." See instructions							18a		
b	Redetermine the gain or (loss) on line 17 ex	cluding the	e loss, if any, or	n line 18a. Ente	r here and c	on Schedule	1			
	(Form 1040), Part I, line 4							18b		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)

Page 2

9 (a) Descrip	ntion of section 1245, 1250, 1252, 1254, o	or 1255 p	property:			(b) Date acquired (mo., day, yr.)	(c) Date sol (mo., day, yr
4							
3							
C							
D							
These col	umns relate to the properties on						
lines 19A	through 19D.		Property A	Property	yВ	Property C	Property
Gross sales	price (Note: See line 1 before completing.)	20					
Cost or ot	her basis plus expense of sale	21					
	on (or depletion) allowed or allowable	22					
Adjusted b	basis. Subtract line 22 from line 21	23					
	Subtract line 23 from line 20	24					
If section	1245 property:						
a Depreciati	on allowed or allowable from line 22	25a					
b Enter the	smaller of line 24 or 25a	25b					
	1250 property: If straight line depreciation inter -0- on line 26g, except for a corporation ection 291.						
a Additional of	lepreciation after 1975. See instructions	26a					
	percentage multiplied by the smaller or line 26a. See instructions	26b					
property c	ne 26a from line 24. If residential rental or line 24 isn't more than line 26a, skip and 26e	26c					
	lepreciation after 1969 and before 1976	26d					
	Enter the smaller of line 26c or 26d	26e					
f Section 29	91 amount (corporations only)	26f					
	26b, 26e, and 26f	26g					
dispose of f a partnersh	252 property: Skip this section if you didn't armland or if this form is being completed for ip.						
	r, and land clearing expenses	27a					
	ultiplied by applicable percentage	27b					
	smaller of line 24 or 27b	27c					
a Intangible d for develop	1254 property: Irilling and development costs, expenditures ment of mines and other natural deposits, oration costs, and depletion. See instructions	28a					
b Enter the	smaller of line 24 or 28a	28b					
	1255 property:						
from incor	e percentage of payments excluded ne under section 126. See instructions	29a					
	smaller of line 24 or 29a. See instructions	29b					
ummary o	f Part III Gains. Complete property of	olumns	A through D throug	n line 29b before	e going	to line 30.	
Total gains	s for all properties. Add property columns	A throu	gh D, line 24			30	
-			-				
Add prope	erty columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter he	re and on line 1	3	31	
2 Subtract li	ne 31 from line 30. Enter the portion from	casualt	y or theft on Form 4	684, line 33. En	ter the p	portion	
from other	than casualty or theft on Form 4797, line		-				
	capture Amounts Under Section e instructions)	ons 179	9 and 280F(b)(2)	When Busi	ness l	Jse Drops to 50%	or Less
						(a) Section	(b) Sectio
						179	280F(b)(2)
Section 17	79 expense deduction or depreciation allo	wable in	prior years		33		
					34		
 Recomput 					34		

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 $09530516 \ 130236 \ 34-0714445$

018012 12-18-20

OMB No. 1545-0026

Attachment 100

Internal Revenue Service Attach to your income tax return for the year of the transfer or distribution	ution. Sequence No. 128
Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions
JEWISH FEDERATION OF CLEVELAND	
	34-0714445
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?	Yes X No
2 If the transferor was a corporation, complete questions 2a through 2d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by	,
five or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	Yes 🗌 No
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corpor	ration? Yes No
If not, list the name and employer identification number (EIN) of the parent corporation.	
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(4) been made?	Yes No
• • • • • • • • • • • • • • • • • • •	
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such u	under section 367),
complete questions 3a through 3d.	
a List the name and EIN of the transferor's partnership.	
Name of partnership	EIN of partnership
RIVERSIDE AUSTRALIA FUND III. LP 98	8-1482513
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	
 c Is the partner disposing of its entire interest in the partnership? 	
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (see instructions)	
4 Name of transferee (foreign corporation)	5a Identifying number, if any
ILS HOLDCO PTY LTD	
6 Address (including country)	5b Reference ID number
12 MARS RD UNIT 1	
LANE COVE, NEW SOUTH WALES 2066 AUSTRIA	ILSHOL63021
7 Country code of country of incorporation or organization	
8 Foreign law characterization (see instructions)	
CORPORATION	Yes X No
9 Is the transferee foreign corporation a controlled foreign corporation?	
024531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 11-2018

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Page 2

Type of	(a)	(b)	(c)	(d)	(e)		
property Date of transfer		Description of property	Fair market value on date of transfer	Cost or other basis	Gain recognized or transfer		
ash							
· ·	ainder of Part III and g	o to Part IV.			Yes No		
	· · · · · ·		subject to section 36		(a)		
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized or transfer		
tock and ecurities							
ventory							
ther property ot listed under nother category)							
roperty with							
uilt-in loss							
otals							
 recognition agreemen 2 a Were any assets of a foreign corporation? If "Yes," go to line 12t b Was the transferor a continue in the foreign corporation of the transferent of the transferee foreign corporation of the transferee of the transferee of the transference of the transference of the transferee of the transference of the t	t was filed? foreign branch (includi o. domestic corporation t at is a foreign disregar ine 12c. If "No," skip lii transfer, was the dom poration? ine 12d. If "No," skip lii loss amount included i	ng a branch that is a foreig hat transferred substantiall rded entity) to a specified 1 nes 12c and 12d, and go to estic corporation a U.S. sha ne 12d, and go to line 13. n gross income as required ad in section 367(d)(4)?	areholder with respect to the	rred to a n branch n?	Yes No Yes No		
Section C - Intangible	e Property Subje	ct to Section 367(d)					
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's length pric life on date of transfe		(f) Income inclusion fo year of transfer		

Property describe
in sec. 367(d)(4)

Form 926 (Rev. 11-2018)

024532 04-01-20

Form	926 (Rev. 11-2018) JEWISH FEDERATION OF CLEVELAND	34-0714445	Page 3
b c	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?	Yes	No No No No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
	83-3457838		
16 17 18 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $_{000}$ % (b) After $_{52.410}$ % Type of nonrecognition transaction (see instructions) \blacktriangleright SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)		X X X No
c d 19	Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No X No X No X No X No X No

	covered by section 367(e)(1)? See instructions	Yes	X No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No.
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	► \$	
	If "Yes," complete lines 20b and 20c.		

Form 926 (Rev. 11-2018)

OMB No. 1545-0026

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	levenue Service	Attach to your income tax return for the year of the transfer or di	stribution.		Sequence	No. 128
Part	I U.S. Tra	nsferor Information (see instructions)				
Name o	of transferor			Identifyi	ng numbe	er (see instructions)
JEWI	SH FEDERATI	ON OF CLEVELAND				
				34-07	14445	
1 1	s the transferee	a specified 10%-owned foreign corporation that is not a controlled foreign corporation	tion?		Yes	X No
		was a corporation, complete questions 2a through 2d.		····· <u> </u>		
		as a section 361(a) or (b) transfer, was the transferor controlled (under section 368(s)) by			
					Yes	No
		nestic corporations? or remain in existence after the transfer?			Yes	
				······ L	165	
	r not, list the co	ntrolling shareholder(s) and their identifying number(s).				
		Controlling shareholder		Identifying I	number	
c li	f the transferor	was a member of an affiliated group filing a consolidated return, was it the parent c	orporation?		Yes	No
It	f not, list the na	me and employer identification number (EIN) of the parent corporation.				
	•					
		Name of parent corporation	EIN	l of parent c	orporati	on
- d +	lave basis adiu	stments under section 367(a)(4) been made?			Yes	No
u i				∟		
3 li	f the transforer	was a partner in a partnership that was the actual transferor (but is not treated as s	uch under se	oction 367)		
		· · · · · ·		ection 307),		
	• •	ons 3a through 3d.				
a L	list the name ar	d EIN of the transferor's partnership.				
		Name of partnership		EIN of part	nership	
			00 14402	202		
	LA GROWTH II		98-14403		7.4	v
		pick up its pro rata share of gain on the transfer of partnership assets?			Yes	X No
		sposing of its entire interest in the partnership?		L	Yes	X No
d le	s the partner di	sposing of an interest in a limited partnership that is regularly traded on an establish	ned		7	
	ecurities marke				Yes	X No
Part	II Transfe	ree Foreign Corporation Information (see instructions)				
4 N	Name of transfe	ree (foreign corporation)	5	5a Identifyir	ng numb	er , if any
BRIN	NGG DELIVERY	TECHNOLOGIES LTD.				
6 A	Address (includi	ng country)	5	5b Reference	e ID num	ber
HABAR	ZEL ST 1					
TEL A	VIV-YAFO ISP	RAEL		BDTECH630	21	
7 (Country code of	country of incorporation or organization				
	, 2200 01	, , <u>, , , , , , , , , , , , , , , , , </u>				
8 F	oreign law cha	acterization (see instructions)				
	PORATION					
		foreign corporation a controlled foreign corporation?			Yes	XNo
-				<u> </u>		
024531 0	04-01-20 LMA	For Paperwork Reduction Act Notice, see separate instructions.		го	uu 3∠0 (†	Rev. 11-2018)

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Page 2

Type of	(a)	(b)	(c)	(d)	(e)
property	Date of transfer	Description of property	Fair market value o date of transfer	n Cost or other basis	Gain recognized on transfer
ash					
	ainder of Part III and g				Yes No
	a) (a)	n intangible property (b)	c)	(d)	(e)
Type of property	Date of transfer	Description of property	Fair market value o date of transfer	n Cost or other basis	Gain recognized on transfer
tock and ecurities					
iventory					
ther property lot listed under nother category)					
roperty with uilt-in loss					
otals					
 recognition agreement 2 a Were any assets of a foreign corporation? If "Yes," go to line 121 b Was the transferor a continue to 11 b Was the transferor a continue to 12 c Immediately after the transferee foreign cortext of 11 c Inter the transferred 3 Did the transferor transfer transferee foreign cortext of 15 c Ind the transferor transfer transferor trans	t was filed? foreign branch (includ b. domestic corporation f ine 12c. If "No," skip li transfer, was the dom poration? ine 12d. If "No," skip li loss amount included nsfer property describe C and questions 14a th	-	n disregarded entity) tra y all of the assets of a fo D%-owned foreign corpo line 13. areholder with respect t	insferred to a [preign branch pration? [o the	Yes No Yes No
Section C - Intangible	e Property Subje	ct to Section 367(d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's lengt life on date of t		(f) Income inclusion for year of transfer
Property described					

Property described in sec. 367(d)(4)

Form 926 (Rev. 11-2018)

024532 04-01-20

Form	1926 (Rev. 11-2018) JEWISH FEDERATION OF CLEVELAND	34-0714445	Page 3
b c	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any	Yes	
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
THE	Septemental Part III Information Required To Be Reported (see instructions) TRANSFEROR HELD THIS INVESTMENT THROUGH CLEVELAND FEDERATION PE II, LLC : 83-3457838		
Ра	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) \blacktriangleright SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
a b c d	Gain recognition under section 904(f)(5)(F)		X No X No X No X No
19	Did this transfer result from a change in entity classification?		X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No

		E	
	covered by section 367(e)(1)? See instructions	Yes	X No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	• \$	
	If "Yes," complete lines 20b and 20c.		
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Ves	X No

Form 926 (Rev. 11-2018)

OMB No. 1545-0026

Attachment 400

Internal	Revenue Service	Attach to your income tax return for the year of the transfer or of	distribution.		Sequence	e No. 128
Par	t I U.S. Transf	eror Information (see instructions)				
Name	e of transferor			Ide	ntifying numbe	er (see instructions)
JEW	ISH FEDERATION	OF CLEVELAND				
				34	-0714445	
1	Is the transferee a sp	pecified 10%-owned foreign corporation that is not a controlled foreign corporation	ation?		Yes	X No
2	If the transferor was	a corporation, complete questions 2a through 2d.				
а	If the transfer was a	section 361(a) or (b) transfer, was the transferor controlled (under section 368	(c)) by			
	five or fewer domesti	ic corporations?			Yes	No No
b	Did the transferor rer	nain in existence after the transfer?			Yes	🗌 No
	If not, list the control	ling shareholder(s) and their identifying number(s).				
		Controlling shareholder		Idontifui	ng number	
				luentity		
С		a member of an affiliated group filing a consolidated return, was it the parent	corporation?		Yes	No
	If not, list the name a	and employer identification number (EIN) of the parent corporation.				
		Name of parent corporation	EI	N of pare	nt corporati	on
	Have basis adjustme	nts under section 367(a)(4) been made?			Yes	No
a	Have basis adjustme	ints under section 367 (a)(4) been made?				
3	If the transforor was	a partner in a partnership that was the actual transferor (but is not treated as	such under a	oction 36	7)	
3	complete questions :				7),	
-	• •	N of the transferor's partnership.				
		Name of partnership		EIN of p	partnership	
VIC	LA GROWTH III L	.P.	98-1440	302		
		up its pro rata share of gain on the transfer of partnership assets?			Yes	X No
		ing of its entire interest in the partnership?			Yes	X No
		ing of an interest in a limited partnership that is regularly traded on an establis				
	securities market?	5 1 1 5 7			Yes	X No
Par	t II Transferee	Foreign Corporation Information (see instructions)				
4	Name of transferee (foreign corporation)		5a Ident	ifying numb	er , if any
SIM	IILARWEB LTD.					
6	Address (including c	ountry)		5b Refer	ence ID num	lber
121 '	TEL AVIV-YAFO					
ISRA	EL			SIMIL6	3021	
7	Country code of cou	ntry of incorporation or organization				
8	Foreign law characte	rization (see instructions)				
COF	PORATION					
9	Is the transferee fore	ign corporation a controlled foreign corporation?			Yes	X No
024531	04-01-20 LHA For	Paperwork Reduction Act Notice, see separate instructions.			Form 926 (I	Rev. 11-2018)

Page 2

Type of property	(a)	(b)	(c)	(d)	(e)
	Date of transfer	Description of property	Fair market value on date of transfer	Cost or other basis	Gain recognized on transfer
ash		property		04313	
0 Was cash the only pro	operty transferred?				Yes No
If "Yes," skip the rema					
ection B - Other Pro	operty (other tha	n intangible property	subject to section 36	7(d))	
Type of	(a) Date of	(b) Description of	(c) Fair market value on	(d) Cost or other	(e) Gain recognized or
property	transfer	property	date of transfer	basis	transfer
tock and					
ecurities					
ventory					
other property					
not listed under					
nother category)					
Property with					
uilt-in loss					
otals					
			with respect to which a gain		
recognition agreemen					Yes No
	foreign branch (incluc	ling a branch that is a foreig	n disregarded entity) transfer	rred to a	
foreign corporation?					Yes No
foreign corporation? If "Yes," go to line 12	b.		n disregarded entity) transfer		
foreign corporation? If "Yes," go to line 12 b Was the transferor a c	b. domestic corporation	that transferred substantial	n disregarded entity) transfer y all of the assets of a foreigr	n branch	Yes No
foreign corporation? If "Yes," go to line 121 b Was the transferor a c (including a branch th	b. domestic corporation nat is a foreign disrega	that transferred substantiall arded entity) to a specified 1	n disregarded entity) transfer y all of the assets of a foreigr 0%-owned foreign corporatio	n branch	
foreign corporation? If "Yes," go to line 121 b Was the transferor a c (including a branch th If "Yes," continue to li	b. domestic corporation nat is a foreign disrega ine 12c. If "No," skip l	that transferred substantial Irded entity) to a specified 1 ines 12c and 12d, and go to	n disregarded entity) transfer y all of the assets of a foreigr 0%-owned foreign corporatio o line 13.	n branch n?	Yes No
foreign corporation? If "Yes," go to line 121 b Was the transferor a c (including a branch th If "Yes," continue to li c Immediately after the	b. domestic corporation hat is a foreign disrega ine 12c. If "No," skip l transfer, was the don	that transferred substantial Irded entity) to a specified 1 ines 12c and 12d, and go to	n disregarded entity) transfer y all of the assets of a foreigr 0%-owned foreign corporatio	n branch n?	Yes No Yes No
foreign corporation? If "Yes," go to line 121 b Was the transferor a c (including a branch th If "Yes," continue to li c Immediately after the transferee foreign cor	b. domestic corporation hat is a foreign disrega ine 12c. If "No," skip I transfer, was the don poration?	that transferred substantial urded entity) to a specified 1 ines 12c and 12d, and go to nestic corporation a U.S. sh	n disregarded entity) transfer y all of the assets of a foreigr 0%-owned foreign corporatio o line 13.	n branch n?	Yes No
foreign corporation? If "Yes," go to line 121 b Was the transferor a c (including a branch th If "Yes," continue to li c Immediately after the transferee foreign cor If "Yes," continue to li	b. domestic corporation hat is a foreign disrega ine 12c. If "No," skip I transfer, was the don poration? ine 12d. If "No," skip I	that transferred substantial Irded entity) to a specified 1 ines 12c and 12d, and go to nestic corporation a U.S. sh ine 12d, and go to line 13.	n disregarded entity) transfer y all of the assets of a foreigr 0%-owned foreign corporatio o line 13. areholder with respect to the	n branch n?	Yes No Yes No
 foreign corporation? If "Yes," go to line 121 b Was the transferor a continue to line 121 b Was the transferor a continue to line 121 c Immediately after the transferee foreign corn of the transferee foreign corn of the transferee foreign continue to line 121 d Enter the transferred for the transferee for the transfere	b. domestic corporation hat is a foreign disregatine ine 12c. If "No," skip I transfer, was the dom poration? ine 12d. If "No," skip I loss amount included	that transferred substantial inded entity) to a specified 1 ines 12c and 12d, and go to nestic corporation a U.S. sh ine 12d, and go to line 13. in gross income as required	n disregarded entity) transfer y all of the assets of a foreigr 0%-owned foreign corporatio o line 13. areholder with respect to the	n branch n?	Yes No Yes No Yes No Yes No
foreign corporation? If "Yes," go to line 121 b Was the transferor a c (including a branch th If "Yes," continue to li c Immediately after the transferee foreign cor If "Yes," continue to li d Enter the transferred li 3 Did the transferor transfered li	b. domestic corporation hat is a foreign disregatine 12c. If "No," skip I transfer, was the dom poration? ine 12d. If "No," skip I loss amount included hsfer property describ	that transferred substantial arded entity) to a specified 1 ines 12c and 12d, and go to nestic corporation a U.S. sh ine 12d, and go to line 13. in gross income as required ed in section 367(d)(4)?	n disregarded entity) transfer y all of the assets of a foreigr 0%-owned foreign corporatio o line 13. areholder with respect to the	n branch n?	Yes No Yes No Yes No Yes No
 foreign corporation? If "Yes," go to line 121 b Was the transferor a continue to line 121 b Was the transferor a continue to line 121 c Immediately after the transferee foreign corn of the transferee foreign corn of the transferee foreign continue to line 121 d Enter the transferred for the transferee for the transfere	b. domestic corporation hat is a foreign disregatine 12c. If "No," skip I transfer, was the dom poration? ine 12d. If "No," skip I loss amount included hsfer property describ	that transferred substantial arded entity) to a specified 1 ines 12c and 12d, and go to nestic corporation a U.S. sh ine 12d, and go to line 13. in gross income as required ed in section 367(d)(4)?	n disregarded entity) transfer y all of the assets of a foreigr 0%-owned foreign corporatio o line 13. areholder with respect to the	n branch n?	Yes No Yes No Yes No Yes No
foreign corporation? If "Yes," go to line 121 b Was the transferor a c (including a branch th If "Yes," continue to li c Immediately after the transferee foreign cor If "Yes," continue to li d Enter the transferred I 3 Did the transferror tran If "No," skip Section (b. domestic corporation hat is a foreign disregatine 12c. If "No," skip I transfer, was the dom poration? ine 12d. If "No," skip I loss amount included hsfer property describ C and questions 14a t	that transferred substantial arded entity) to a specified 1 ines 12c and 12d, and go to nestic corporation a U.S. sh ine 12d, and go to line 13. in gross income as required ed in section 367(d)(4)? hrough 15.	n disregarded entity) transfer y all of the assets of a foreigr 0%-owned foreign corporatio o line 13. areholder with respect to the	n branch n?	Yes No Yes No Yes No Yes No
foreign corporation? If "Yes," go to line 121 b Was the transferor a c (including a branch the If "Yes," continue to line c Immediately after the transferee foreign cor- If "Yes," continue to line d Enter the transferred line 3 Did the transferor transferent line 13 Did the transferor transferent line 14 Did the transferor transferent line 15 Did the transferor transferent line 16 Did the transferor transferent line 17 Did the transferor transferent line 18 Did the transferor transferent line 18 Did the transferor transferor transferent line 19 Did the transferor transfe	b. domestic corporation hat is a foreign disregatine 12c. If "No," skip I transfer, was the dom poration? ine 12d. If "No," skip I loss amount included hsfer property describ C and questions 14a t	that transferred substantial arded entity) to a specified 1 ines 12c and 12d, and go to nestic corporation a U.S. sh ine 12d, and go to line 13. in gross income as required ed in section 367(d)(4)? hrough 15.	n disregarded entity) transfer y all of the assets of a foreigr 0%-owned foreign corporatio o line 13. areholder with respect to the	n branch n?	Yes No Yes No Yes No Yes No
foreign corporation? If "Yes," go to line 121 b Was the transferor a c (including a branch th If "Yes," continue to li c Immediately after the transferee foreign cor If "Yes," continue to li d Enter the transferred I 3 Did the transferror trar If "No," skip Section C Section C - Intangible Type of	b. domestic corporation nat is a foreign disrega ine 12c. If "No," skip I transfer, was the dom poration? ine 12d. If "No," skip I loss amount included nsfer property describ C and questions 14a t e Property Subje (a)	that transferred substantiall arded entity) to a specified 1 ines 12c and 12d, and go to nestic corporation a U.S. sh ine 12d, and go to line 13. in gross income as required ed in section 367(d)(4)? hrough 15.	n disregarded entity) transfer y all of the assets of a foreigr 0%-owned foreign corporation b line 13. areholder with respect to the d under section 91 \$ (c) (d)	1 branch n? (e)	Yes No Yes No Yes No Yes No Yes No (f)
foreign corporation? If "Yes," go to line 121 b Was the transferor a c (including a branch the If "Yes," continue to ling c Immediately after the transferee foreign cor- If "Yes," continue to ling d Enter the transferred ling 3 Did the transferred real 3 Did the transferred real 4 "No," skip Section (Content of the transferred ling) 5 Exection C - Intangible	b. domestic corporation nat is a foreign disregatine 12c. If "No," skip I transfer, was the dom poration? loss amount included hsfer property describ C and questions 14a to e Property Subjet (a) Date of	that transferred substantiall arded entity) to a specified 1 ines 12c and 12d, and go to nestic corporation a U.S. sh ine 12d, and go to line 13. in gross income as required ed in section 367(d)(4)? hrough 15. ect to Section 367(d) (b) Description of	n disregarded entity) transfer y all of the assets of a foreigr 0%-owned foreign corporation b line 13. areholder with respect to the d under section 91 ▶ \$ (c) (d) Useful Arm's length price	n branch n? 	Yes No Yes No Yes No Yes No Yes No (f) Income inclusion fr
foreign corporation? If "Yes," go to line 121 b Was the transferor a c (including a branch the If "Yes," continue to ling c Immediately after the transferee foreign corr If "Yes," continue to ling d Enter the transferred ling d Enter the transferred ling ind	b. domestic corporation nat is a foreign disrega ine 12c. If "No," skip I transfer, was the dom poration? ine 12d. If "No," skip I loss amount included nsfer property describ C and questions 14a t e Property Subje (a)	that transferred substantiall arded entity) to a specified 1 ines 12c and 12d, and go to nestic corporation a U.S. sh ine 12d, and go to line 13. in gross income as required ed in section 367(d)(4)? hrough 15.	n disregarded entity) transfer y all of the assets of a foreigr 0%-owned foreign corporation b line 13. areholder with respect to the d under section 91 \$ (c) (d)	n branch n? 	Yes No (f)
foreign corporation? If "Yes," go to line 121 b Was the transferor a c (including a branch th If "Yes," continue to li c Immediately after the transferee foreign cor If "Yes," continue to li d Enter the transferred I 3 Did the transferred rar If "No," skip Section C Election C - Intangible Type of	b. domestic corporation nat is a foreign disregatine 12c. If "No," skip I transfer, was the dom poration? loss amount included hsfer property describ C and questions 14a to e Property Subjet (a) Date of	that transferred substantiall arded entity) to a specified 1 ines 12c and 12d, and go to nestic corporation a U.S. sh ine 12d, and go to line 13. in gross income as required ed in section 367(d)(4)? hrough 15. ect to Section 367(d) (b) Description of	n disregarded entity) transfer y all of the assets of a foreigr 0%-owned foreign corporation b line 13. areholder with respect to the d under section 91 ▶ \$ (c) (d) Useful Arm's length price	n branch n? 	Yes No Yes No Yes No Yes No Yes No (f) Income inclusion f
foreign corporation? If "Yes," go to line 121 b Was the transferor a c (including a branch th If "Yes," continue to li c Immediately after the transferee foreign cor If "Yes," continue to li d Enter the transferred I 3 Did the transferred rar If "No," skip Section C Election C - Intangible Type of	b. domestic corporation nat is a foreign disrega- ine 12c. If "No," skip I transfer, was the dom poration? loss amount included hsfer property describ C and questions 14a t e Property Subje (a) Date of	that transferred substantiall arded entity) to a specified 1 ines 12c and 12d, and go to nestic corporation a U.S. sh ine 12d, and go to line 13. in gross income as required ed in section 367(d)(4)? hrough 15. ect to Section 367(d) (b) Description of	n disregarded entity) transfer y all of the assets of a foreigr 0%-owned foreign corporation b line 13. areholder with respect to the d under section 91 ▶ \$ (c) (d) Useful Arm's length price	n branch n? 	Yes No Yes No Yes No Yes No Yes No Income inclusion f

FIU	perty	uescribe
in s	ec. 3	67(d)(4)

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024532 04-01-20

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	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?	Yes	No
	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section $1.367(d) \cdot 1(c)(3)(ii) $		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
THE	TRANSFEROR HELD THIS INVESTMENT THROUGH CLEVELAND FEDERATION PE II, LLC		
	t IV Additional Information Regarding Transfer of Property (see instructions)		
Fa			
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 000% (b) After 000%		
17	Type of nonrecognition transaction (see instructions) SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)		X No
b	Gain recognition under section 904(f)(5)(F)		X No
C.	Recapture under section 1503(d)		X No
	Exchange gain under section 987		X No
19 00 -	Did this transfer result from a change in entity classification?		X No
	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	🕨 \$	

		E	
	covered by section 367(e)(1)? See instructions	Yes	X No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		

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OMB No. 1545-0026

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	venue Service	Attach to your income tax return for the year of the transfer or dis	stribution.	Sequ	ence No. 128
Part I	U.S. Tra	nsferor Information (see instructions)			
Name of	transferor			Identifying nu	mber (see instructions)
JEWIS	SH FEDERATI	ON OF CLEVELAND			
				34-071444	15
1 ls	the transferee	a specified 10%-owned foreign corporation that is not a controlled foreign corporat	ion?		s X No
2 If t	the transferor	was a corporation, complete questions 2a through 2d.			
a lft	the transfer wa	as a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by		
		nestic corporations?			s 🗌 No
b Di	d the transferd	or remain in existence after the transfer?			s 🗌 No
		ntrolling shareholder(s) and their identifying number(s).			
		Controlling shareholder	Ide	entifying numb	er
c If	the transferor	was a member of an affiliated group filing a consolidated return, was it the parent co	prporation?	Yes	s 🗌 No
lf i	not, list the na	me and employer identification number (EIN) of the parent corporation.			
		Name of parent corporation	FIN o	f parent corpo	ration
d Ha	ave basis adjus	stments under section 367(a)(4) been made?		Yes	s 🗌 No
		was a partner in a partnership that was the actual transferor (but is not treated as su	uch under secti	ion 367),	
cc	omplete questi	ons 3a through 3d.			
a Lis	st the name an	d EIN of the transferor's partnership.			
		Name of partnership	EI	IN of partnersh	ip
				_	
	A GROWTH II		98-144030		
		bick up its pro rata share of gain on the transfer of partnership assets?			
		sposing of its entire interest in the partnership?		Yes	s X No
d Is	the partner dis	sposing of an interest in a limited partnership that is regularly traded on an establish	ed		
r	curities marke			Yes	S X No
Part I		ree Foreign Corporation Information (see instructions)			
4 Na	ame of transfe	ree (foreign corporation)	5a	Identifying nu	mber , if any
DICO					
	ABO LTD.				
	ddress (includii	ng country)	5b	Reference ID r	lumber
HA-UMA		77.7		777 2 6 2 0 2 1	
	IV-YAFO ISF			ZZA63021	
7 Co	ountry code of	country of incorporation or organization			
	•	acterization (see instructions)			
	DRATION	for the second			s X No
		foreign corporation a controlled foreign corporation?		Yes	
024531 04	-01-20 LHA	For Paperwork Reduction Act Notice, see separate instructions.		⊦orm 9 2	26 (Rev. 11-2018)

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Type of	(a)	(b)	(c)	(d)	(e)
property	Date of transfer	Description of property	Fair market value on date of transfer	Cost or other basis	Gain recognized on transfer
ash		property			
Was cash the only pro If "Yes," skip the rema					Yes No
ection B - Other Pro	perty (other that	n intangible property	subject to section 36	j7(d))	
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized or transfer
tock and ecurities					
ventory					
ther property ot listed under nother category)					
roperty with uilt-in loss					
otals					
 recognition agreement 2 a Were any assets of a foreign corporation? If "Yes," go to line 12th b Was the transferor a do (including a branch that If "Yes," continue to line c Immediately after the stransferee foreign corport of the stransferee foreign	t was filed? foreign branch (includ b) lomestic corporation f at is a foreign disrega ne 12c. If "No," skip li transfer, was the dom poration? ne 12d. If "No," skip li oss amount included sfer property describe	ing a branch that is a foreig that transferred substantially rded entity) to a specified 1 nes 12c and 12d, and go to estic corporation a U.S. sha ne 12d, and go to line 13. in gross income as required ed in section 367(d)(4)?	areholder with respect to the	n branch on?	Yes No Yes No
Section C - Intangible	Property Subje	ct to Section 367(d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's length priv life on date of transf		(f) Income inclusion f year of transfer
roperty described					

in sec. 367(d)(4)

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	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?	Yes	No
	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section $1.367(d) \cdot 1(c)(3)(ii) $		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
THE	TRANSFEROR HELD THIS INVESTMENT THROUGH CLEVELAND FEDERATION PE II, LLC		
	t IV Additional Information Regarding Transfer of Property (see instructions)		
Fa			
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 000% (b) After 000%		
17	Type of nonrecognition transaction (see instructions) SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)		X No
b	Gain recognition under section 904(f)(5)(F)		X No
C.	Recapture under section 1503(d)		X No
	Exchange gain under section 987		X No
19 00 -	Did this transfer result from a change in entity classification?		X No
	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	🕨 \$	

С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No

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09530516 130236 34-0714445

OMB No. 1545-0026

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	Revenue Service	Attach to your income tax return for the year of the transfer or diagonal sector of	stribution.	5	Sequence	No. 128
Part	U.S. Tra	ansferor Information (see instructions)				
Name	of transferor			Identifying	numbe	r (see instructions)
JEW	ISH FEDERATI	ON OF CLEVELAND				
				34-071	4445	
1	Is the transferee	a specified 10%-owned foreign corporation that is not a controlled foreign corporat	ion?	,	Yes	X No
		was a corporation, complete questions 2a through 2d.				
		as a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c	e)) by			
				 ,	Yes	No
		nestic corporations? or remain in existence after the transfer?		······ =	Yes	
					162	
	IT NOT, list the co	ntrolling shareholder(s) and their identifying number(s).				
		Controlling shareholder	le	dentifying nu	mber	
с	If the transferor	was a member of an affiliated group filing a consolidated return, was it the parent o	orporation?	·	Yes	No
		me and employer identification number (EIN) of the parent corporation.				
		Name of parent corporation	EIN	of parent cor	poratio	on
d		ntmanta under aastian 267/a//4) baan mada?		,	Yes	No
a	Have basis adju	stments under section 367(a)(4) been made?			res	
•	16 H			1: 007)		
		was a partner in a partnership that was the actual transferor (but is not treated as s	uch under sec	ction 367),		
		ons 3a through 3d.				
а	List the name ar	nd EIN of the transferor's partnership.				
		Name of partnership	F	EIN of partne	rship	
			_			
	LA GROWTH II		98-144030			
		pick up its pro rata share of gain on the transfer of partnership assets?			Yes	X No
		sposing of its entire interest in the partnership?		🗋 '	Yes	X No
d	Is the partner di	sposing of an interest in a limited partnership that is regularly traded on an establish	ned			
	<u>securities marke</u>				Yes	X No
Part	II Transfe	ree Foreign Corporation Information (see instructions)				
4	Name of transfe	ree (foreign corporation)	5a	a Identifying	numbe	er. if anv
						, ,
THR	IVER TECHNOL	OGIES LTD				
	Address (includi		54	Reference I	D num	her
	YONGE STREE					
	RIO CANADA	-, .	m	HRIV63021		
		i acustry, of incorrection or organization	I *			
7	Country code of	country of incorporation or organization				
	•	racterization (see instructions)				
COR	PORATION					
9	Is the transferee	foreign corporation a controlled foreign corporation?			Yes	X No
024531	04-01-20 LHA	For Paperwork Reduction Act Notice, see separate instructions.		Form	926 (F	Rev. 11-2018)

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^{2020.05095} JEWISH FEDERATION OF CLEV 34-07142

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Section A - Cash Type of	(a)	(b)		(c)	(d)	(e)
property	Date of transfer	Description of property	Fair mar	ket value on of transfer	Cost or other basis	Gain recognized on transfer
ash		property			buolo	
0 Was cash the only pro If "Yes," skip the rem	operty transferred? ainder of Part III and g	o to Part IV.			[Yes No
Section B - Other Pro	1 <u>1</u>	n intangible property	subject to	<u> </u>		
Type of property	(a) Date of transfer	(b) Description of property		(c) ket value on f transfer	(d) Cost or other basis	(e) Gain recognized on transfer
itock and ecurities						
nventory						
other property not listed under nother category)						
Property with uilt-in loss						
otals						
 recognition agreement 2 a Were any assets of a foreign corporation? If "Yes," go to line 12 b Was the transferor a continue to 1 c Immediately after the transferee foreign corron If "Yes," continue to 1 d Enter the transferred 3 Did the transferor transferee foreign corron 	t was filed? foreign branch (includ b. domestic corporation t nat is a foreign disregal ine 12c. If "No," skip li transfer, was the dom poration? ine 12d. If "No," skip li loss amount included	s subject to section 367(a) ing a branch that is a foreig that transferred substantially rded entity) to a specified 10 nes 12c and 12d, and go to estic corporation a U.S. sha ne 12d, and go to line 13. in gross income as required ed in section 367(d)(4)?	n disregarded y all of the as 0%-owned for hine 13. areholder with	d entity) transferre sets of a foreign b reign corporation? n respect to the	d to a [Yes No Yes No Yes No Yes No Yes No Yes No
Section C - Intangible	e Property Subje	ct to Section 367(d)				
Type of property	(a) Date of transfer	(b) Description of property		(d) rm's length price n date of transfer	(e) Cost or other basis	(f) Income inclusion fo year of transfer

	oper	чy	acound
in	sec.	36	67(d)(4)

Form 926 (Rev. 11-2018)

024532 04-01-20

Form	926 (Rev. 11-2018) JEWISH FEDERATION OF CLEVELAND	34-0714445	Page 3
14 a b c	B26 (Rev. 11-2018) JEWISH FEDERATION OF CLEVELAND Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes Yes Yes	Page 3
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Pa	Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Peters 000 % (b) After 000 %		
b c d 19 20 a	(a) Before000 % (b) After000 % Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	Yes Yes	X No X No
	Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions	Yes	No <u>X</u> No (Rev. 11-2018)

OMB No. 1545-0026

Attachment 400

Interna	Revenue Service Attach to your income tax return for the year of the transfer or d	istribution.		Sequence	No. 128
Par	t I U.S. Transferor Information (see instructions)				
Name	e of transferor		Identif	ying numbe	r (see instructions)
JE	VISH FEDERATION OF CLEVELAND				
			34-0)714445	
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corpora	tion?	C	Yes	X No
2	If the transferor was a corporation, complete questions 2a through 2d.				
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by			
	five or fewer domestic corporations?		C	Yes	No No
b	Did the transferor remain in existence after the transfer?		[Yes	No No
	If not, list the controlling shareholder(s) and their identifying number(s).				
	Controlling shareholder		Identifying	number	
				,	
с	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent of	orporation?	[Yes	No No
	If not, list the name and employer identification number (EIN) of the parent corporation.				
	Name of parent corporation	EI	N of parent	corporatio	on
	Llova hasis adjustmente under section 267/s/(4) hash made?		Г	Vee	
a	Have basis adjustments under section 367(a)(4) been made?		L	Yes	└── No
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as s	uch under s	ection 367)		
U	complete questions 3a through 3d.				
а	List the name and EIN of the transferor's partnership.				
	Name of partnership		EIN of par	tnership	
b	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		Ē	Yes	X No
с	Is the partner disposing of its entire interest in the partnership?		[Yes	X No
d	Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis	hed			
	securities market?			Yes	X No
Par	t II Transferee Foreign Corporation Information (see instructions)				
4	Name of transferee (foreign corporation)		5a Identify	ing numbe	er, if any
HC:	IF OFFSHORE LP				
6 20 M	Address (including country)		5b Referen	ce ID num	ber
	ARKET STREET ST 3205 2ND FLOOR		UCTR6200	1	
	NA BAY KY1-9003 CAYMAN ISLANDS		HCIF6302	1	
7 СЈ	Country code of country of incorporation or organization				
8 COI	Foreign law characterization (see instructions)				
				Yes	XNo
9	Is the transferee foreign corporation a controlled foreign corporation?				NO Rev. 11-2018)
02453	$104-01-20$ $\Box \Pi = T$ FOI Fapel work neuron Activotice, see separate instructions.		г	UIII 320 (F	16V. 11-2010)

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Type of	(a)	(b)	(c)	(d)	(e)
property	Date of transfer	Description of property	Fair market value on date of transfer	Cost or other basis	Gain recognized on transfer
ash					
· ·	ainder of Part III and g	o to Part IV.			Yes No
	· · · · · ·		subject to section 36		(a)
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized or transfer
tock and ecurities					
ventory					
ther property ot listed under nother category)					
roperty with					
uilt-in loss					
otals					
 recognition agreemen 2 a Were any assets of a foreign corporation? If "Yes," go to line 12t b Was the transferor a continue in the foreign corporation of the transferent of the transferee foreign corporation of the transferee of the transferee of the transference of the transference of the transferee of the transference of the t	t was filed? foreign branch (includi o. domestic corporation t at is a foreign disregar ine 12c. If "No," skip lii transfer, was the dom poration? ine 12d. If "No," skip lii loss amount included i	ng a branch that is a foreig hat transferred substantiall rded entity) to a specified 1 nes 12c and 12d, and go to estic corporation a U.S. sha ne 12d, and go to line 13. n gross income as required ad in section 367(d)(4)?	areholder with respect to the	rred to a n branch n?	Yes No Yes No
Section C - Intangible	e Property Subje	ct to Section 367(d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's length pric life on date of transfe		(f) Income inclusion fo year of transfer

in sec. 367(d)(4)

Form 926 (Rev. 11-2018)

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Totals

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14 0	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
1 4 a	reasonably anticipated to exceed 20 years?	Yes	No
h	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
U	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
Ч	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
u	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) S		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
10	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
	rt IV Additional Information Regarding Transfer of Property (see instructions)		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
Pa	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before % (b) After %		
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) SECTION 351		
16 17 18	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) ► SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following.		X
16 17 18 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) ► SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)		X No
16 17 18 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	Yes	X No X No
16 17 18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987		X No X No X No X No
16 17 18 b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification?	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	X No X No X No X No X No X No
16 17 18 b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) > SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)		X No X No X No X No
16 17 18 b c 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	☐ Yes ☐ Yes	X No X No X No X No X No X No
16 17 18 b c d 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	☐ Yes ☐ Yes	X No X No X No X No X No X No
16 17 18 b c d 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	X No X No X No X No X No X No X No
16 17 18 b c d 19 20 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	X No X No X No X No X No X No
16 17 18 b c d 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	X No X No X No X No X No X No X No

OMB No. 1545-0026

Attachment 400

Internal Revenue Service Attach to your income tax return for the year of the transfer or dist	ribution.	Sequence	No. 128
Part I U.S. Transferor Information (see instructions)			
Name of transferor		Identifying numbe	r (see instructions)
JEWISH FEDERATION OF CLEVELAND			
		34 - 0714445	
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporatio	n?	Yes	X No
2 If the transferor was a corporation, complete questions 2a through 2d.			
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c))	by		
five or fewer domestic corporations?		Yes	No No
b Did the transferor remain in existence after the transfer?		Yes	No No
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder	Iden	tifying number	
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corport interview of the parent event and event of the parent event ev	poration?	Yes	No
If not, list the name and employer identification number (EIN) of the parent corporation.			
Name of parent corporation	EIN of p	arent corporatio	on
d Have basis adjustments under section 367(a)(4) been made?		Yes	No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as suc	h under sectior	n 367).	
complete questions 3a through 3d.		,,	
a List the name and EIN of the transferor's partnership.			
Name of partnership	EIN	of partnership	
TOWNSEND REAL ESTATE ALPHA FUND III, LP	81-3134103		
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		Yes	X No
c Is the partner disposing of its entire interest in the partnership?			X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	b		
securities market?		Yes	X No
Part II Transferee Foreign Corporation Information (see instructions)			
4 Name of transferee (foreign corporation)	5a lo	lentifying numbe	er, if any
CROSSBAY TOWNSEND FEEDER SCSP			
6 Address (including country)	5 b R	eference ID num	ber
12C IMOASSES DROSBACH			
LUXEMBOURG L-1882 LUXEMBOURG	CTFS	563021	
7 Country code of country of incorporation or organization			
8 Foreign law characterization (see instructions)			
9 Is the transferee foreign corporation a controlled foreign corporation?		Yes	XNo
024531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.			Rev. 11-2018)

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Type of	(a)	(b)	(c)	(d)	(e)
property	Date of transfer	Description of property	Fair market value on date of transfer	Cost or other basis	Gain recognized on transfer
ash		p. op or ty			
	ainder of Part III and g	o to Part IV.			Yes No
	1 <u>1</u> 1	• • • •	subject to section 36		(-)
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized or transfer
tock and ecurities					
ventory					
ther property ot listed under nother category)					
roperty with					
uilt-in loss					
otals					
 recognition agreement 2 a Were any assets of a foreign corporation? If "Yes," go to line 12 b Was the transferor a dom (including a branch the fine of the fine of	t was filed? foreign branch (includ b. domestic corporation t nat is a foreign disrega ine 12c. If "No," skip li transfer, was the dom "poration? ine 12d. If "No," skip li loss amount included	ing a branch that is a foreig that transferred substantiall rded entity) to a specified 1 nes 12c and 12d, and go to lestic corporation a U.S. sha ne 12d, and go to line 13. in gross income as required ed in section 367(d)(4)?	areholder with respect to th	erred to a [gn branch ion? [Yes No Yes No
Section C - Intangibl	e Property Subie	ct to Section 367(d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's length pri life on date of trans		(f) Income inclusion fo year of transfer
Property described					

	oper	чy	acound
in	sec.	36	67(d)(4)

Form 926 (Rev. 11-2018)

024532 04-01-20

	926 (Rev. 11-2018) JEWISH FEDERATION OF CLEVELAND	34-0714445	Page 3
14 -	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
1 4 a	reasonably anticipated to exceed 20 years?	Yes	No
h	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
C	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
Ь	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
u	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) S		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
10	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
	t IV Additional Information Regarding Transfer of Property (see instructions)		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
 Pa 16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before%		
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) SECTION 351		
16 17 18	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following.		
16 17 18 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before000 % (b) After% Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)		X No
16 17 18 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before000 % (b) After% Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before000 % (b) After% Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	Yes	X No X No
16 17 18 a c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes	X No X No X No X No
16 17 18 b c 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before000 % (b) After% Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification?		X No X No X No X No X No
16 17 18 b c 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before000 % (b) After % Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes Yes	X No X No X No X No
16 17 18 b c 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before000 % (b) After % Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No
16 17 18 b c 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before000 % (b) After % Type of nonrecognition transaction (see instructions) ▶ SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No
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OMB No. 1545-0026

Attachment 4.00

Interna	I Revenue Service	Attach to your income tax return for the year of the transfer or distribution	ı. <u> </u>	Sequence I	No. 128
Par	tl U.S. Trai	nsferor Information (see instructions)			
Name	e of transferor		I	dentifying number	(see instructions)
JEV	WISH FEDERATIC	ON OF CLEVELAND			
				34-0714445	
1		a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		Yes	X No
2		vas a corporation, complete questions 2a through 2d.			
а		s a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by		—	
		estic corporations?		Yes	No No
b		r remain in existence after the transfer?		Yes	No
	If not, list the con	trolling shareholder(s) and their identifying number(s).			
		Controlling shareholder	Identi	fying number	
	If the transformer w	use a member of an officiated aroun filing a consolidated return use it the persent correction	-0	Yes	No
C		vas a member of an affiliated group filing a consolidated return, was it the parent corporation ne and employer identification number (EIN) of the parent corporation.	17		
	ii not, list the nam				
		Name of parent corporation	EIN of pa	rent corporatio	n
d	Have basis adjus	tments under section 367(a)(4) been made?		Yes	No
3	If the transferor w	vas a partner in a partnership that was the actual transferor (but is not treated as such unde	r section :	367),	
		ns 3a through 3d.			
а	List the name and	d EIN of the transferor's partnership.			
		Name of partnership	EIN o	f partnership	
тот	WNSEND REAL ES	STATE ALPHA FUND III, LP 81-31	34103		
		ick up its pro rata share of gain on the transfer of partnership assets?		Yes	X No
		posing of its entire interest in the partnership?		Yes	X No
		posing of an interest in a limited partnership that is regularly traded on an established			
	securities market			Yes	X No
Par	t II Transfer	ee Foreign Corporation Information (see instructions)			
4	Name of transfere	ee (foreign corporation)	5a Ide	entifying numbe	r , if any
GRA	AMERCY PROPERI	Y EUROPE IV TOWNSEND FEEDER LIMITED			
6	Address (includin		5b Re	ference ID numb	er
		ION HOUSE, CASTLE STREET		762001	
	HELIER JE1 2L		GPEIV	763021	
7 .TF	Country code of o	country of incorporation or organization			
JE					
8	roreign law chara	acterization (see instructions)			
9	Is the transferred	foreign corporation a controlled foreign corporation?		X Yes	No
		For Paperwork Reduction Act Notice, see separate instructions.		Form 926 (R	

Page 2

Section A - Cash Type of	(a)	(b)		(c)	(d)	(e)
property	Date of transfer	Description of property		arket value on of transfer	Cost or other basis	Gain recognized on transfer
ash		property	dutt		54615	
0 Was cash the only pr If "Yes," skip the rem	operty transferred? ainder of Part III and g	o to Part IV.			Ε	Yes No
Section B - Other Pro	1	n intangible property	subject		. ,,	
Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
itock and ecurities						
nventory						
other property not listed under nother category)						
Property with wilt-in loss						
otals						
 recognition agreement 2 a Were any assets of a foreign corporation? If "Yes," go to line 12 b Was the transferor a model (including a branch the fine of the fine	ht was filed? foreign branch (includ b. domestic corporation t hat is a foreign disregat line 12c. If "No," skip li transfer, was the dom rporation? line 12d. If "No," skip li loss amount included nsfer property describe	s subject to section 367(a) ing a branch that is a foreig that transferred substantially rded entity) to a specified 10 nes 12c and 12d, and go to estic corporation a U.S. sha ne 12d, and go to line 13. in gross income as required ed in section 367(d)(4)?	n disregarc y all of the 0%-owned b line 13. areholder w	led entity) transferre assets of a foreign to foreign corporation? with respect to the	ed to a [Yes No Yes No Yes No Yes No Yes No Yes No
If "No," skip Section	C and questions 14a tł	nrough 15.				
Section C - Intangibl	e Property Subje	ct to Section 367(d)			I	1
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion fo year of transfer

	oper	чy	ucsenbe
in	sec.	36	67(d)(4)

Form 926 (Rev. 11-2018)

024532 04-01-20

Forn	926 (Rev. 11-2018) JEWISH FEDERATION OF CLEVELAND	34-0714445	Page 3
14 0	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
1 4 a	reasonably anticipated to exceed 20 years?	Yes	No
h	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
U	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
h	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
u	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) \blacktriangleright \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
	plemental Part III Information Required To Be Reported (see instructions)		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
 Pa	Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before242 % (b) After242 %		
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16 17 18 b c d 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before242 % (b) After242 % Type of nonrecognition transaction (see instructions) \blacktriangleright <u>SECTION 351</u> Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the	Yes Yes Yes Yes Yes Yes Yes Yes ▶ \$ Yes	X No X No X No X No X No X No