* * *	PUBLIC	DISCLOSURE	COPY	* * *
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Depa	n 99 tment of the al Revenue	e Treasury	Return of Organization Exempt Free Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co ▶ Do not enter social security numbers on this form as ▶ Go to www.irs.gov/Form990 for instructions and the	ept private foundation	s) OMB No. 1545-0047 2018 Open to Public Inspection	
AF	or the 20	018 calend	ar year, or tax year beginning $ m JUL1,2018$ and en	nding J	UN 30, 2019	
B C	heck if oplicable:	C Name of	forganization		D Employer identific	ation number
	Address change Name change		ER JCC OF GREATER WASHINGTON		53-02	205921
	Initial Ireturn Final Ireturn/		and street (or P.O. box if mail is not delivered to street address) Ro MONTROSE ROAD	oom/suite	E Telephone number	881-0100
	termin- ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	14,588,425.
	Amended return		VILLE, MD 20852		H(a) Is this a group ret	turn
	Applica-	F Name a	nd address of principal officer: MICHAEL FEINSTEIN		for subordinates?	Yes X No
	pending	SAME	AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
<u>I</u> T	ax-exem	pt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or [527	If "No," attach a I	ist. (see instructions)
			BENDERJCCGW.ORG		H(c) Group exemption	number 🕨
			X Corporation Trust Association Other ►	L Year	of formation: 1923 M	State of legal domicile: DC
Pa		ummary				
	1 Bri	efly describ	e the organization's mission or most significant activities: WE CUL	LTIVA	TE COMMUNITI	ES IN A
Governance	WZ	ARM AN	D INCLUSIVE ENVIRONMENT TO CELEBRAT	E JEV	VISH LIFE ANI	D VALUES.
rna	2 Ch	eck this bo	x 🕨 🦳 if the organization discontinued its operations or disposed	d of more	than 25% of its net asse	
ove	3 Number of voting members of the governing body (Part VI, line 1a)					27
						27
se S	5 To	tal number	of individuals employed in calendar year 2018 (Part V, line 2a)			610
vitie	6 To	tal number	of volunteers (estimate if necessary)			920
Activities &			d business revenue from Part VIII, column (C), line 12			3,600.
1	b Ne	t unrelated	business taxable income from Form 990-T, line 38			-1,500.
					Prior Year	Current Year
ø	8 Co	ontributions	and grants (Part VIII, line 1h)		4,057,091.	3,862,581.
Ine		oarom ooni	as revenue (Bart)/III line 2a)	1	9 1 4 8 7 3 4	9 237 610

ം	8	Contributions and grants (Part VIII, line 1h)	4,057,091.	3,862,581.
onue	9	Program service revenue (Part VIII, line 2g)	9,148,734.	9,237,610.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	422,249.	274,648.
۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-105,849.	16,435.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,522,225.	13,391,274.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	125,037.	115,562.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,231,823.	7,687,740.
use	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<u>e</u>	b	Total fundraising expenses (Part IX, column (D), line 25) 791,888.		
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,063,228.	6,378,087.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,420,088.	14,181,389.
	19	Revenue less expenses. Subtract line 18 from line 12	102,137.	-790,115.
Pes			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	34,613,495.	30,002,380.
ASS	21	Total liabilities (Part X, line 26)	14,638,083.	10,649,296.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20	19,975,412.	19,353,084.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	DEBRA COOPER, CHIEF FINANCIAL OFFICER	
	Type or print name and title	
	Print/Type preparer's name Dat	e Check PTIN
Paid	FRANK H. SMITH Frank H. mith 03	/05/20 self-employed P00639053
Preparer	Firm's name MARCUM LLP	Firm's EIN 🕨 11-1986323
Use Only	Firm's address 🖕 1899 L STREET, NW, SUITE 850	
	WASHINGTON, DC 20036	Phone no. (202) 227 – 4000
May the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2018)
	*** ELECTRONICALLY FILED ON 03/05/20	²⁰ *** COPY

rm 990 (2018) BENDER JCC OF GREATER WASHINGTON 53-0205921	Page 2
Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
Briefly describe the organization's mission: THE BENDER JCC OF GREATER WASHINGTON (THE CENTER) CULTIVATES	
COMMUNITIES IN A WARM AND INCLUSIVE ENVIRONMENT TO CELEBRATE JEWISH	. <u> </u>
LIFE AND VALUES.	·
Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ?	es 🚺 No
If "Yes," describe these new services on Schedule O.	
Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es X No
If "Yes," describe these changes on Schedule O.	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
revenue, if any, for each program service reported.	,228.)
a (Code:) (Expenses \$4,347,300. including grants of \$52,684.) (Revenue \$3,060 HEALTH AND WELLNESS - WELLNESS AT THE BENDER JCC INCLUDES MEMBERSHI	<u>·</u> /
HEALTH & FITNESS AND AQUATICS. FROM PERSONAL TRAINING AND PHYSICAL	Ε,
THERAPY, TO PROACTIVE SENIOR HEALTH EDUCATION, THE CENTER IS PROUD	<u>то</u>
OFFER MEMBERS OF ALL AGES A NUMBER OF ONGOING WELLNESS PROGRAMS AND	
ACTIVITIES THAT STRENGTHEN BOTH BODY AND MIND. WITH OVER 40,000 SQU	
FEET, TWO POOLS, AND STATE-OF-THE-ART EQUIPMENT, THE WEINBERG HEALT	
FITNESS CENTER OFFERS COMPREHENSIVE AND CUTTING-EDGE FITNESS OPTION	s.
	,273.)
EARLY CHILDHOOD - THE CENTER'S PRESCHOOL ENGAGES, CHALLENGES, AND	
ENRICHES CHILDREN'S EXPLORATION AND LEARNING IN A SAFE, SUPPORTIVE	
SETTING USING A CARING, NURTURING AND HIGHLY-TRAINED STAFF. A PLAY-BASED CURRICULUM-FOUNDED ON EMERGENT CURRICULUM AND INSPIRED B	v
THE REGGIO EMILIA APPROACH-ENABLES CHILDREN TO BECOME ACTIVE LEARNE	
AND ENGAGED CLASSROOM PARTICIPANTS. INTEREST-BASED TOPIC STUDIES IN	
STUDENTS TO EXPLORE THE WORLD AROUND THEM. CHILDREN ARE ENCOURAGED	
EXPRESS THEMSELVES THROUGH ART AND MUSIC, AND JEWISH VALUES, CUSTOM	
AND TRADITIONS ARE INTEGRATED THROUGHOUT CURRICULUM. IN FY18,	~ /
APPROXIMATELY 200 STUDENTS AND THEIR FAMILIES WERE SERVED.	
HOLIDAY-BASED FAMILY CELEBRATIONS SUCH AS PIZZA IN THE HUT FOR SUKK	OT
AND HANUKKAH SING, FUN SOCIAL OPPORTUNITIES FOR CHILDREN AND THEIR	
	,035.)
CAMP, YOUTH AND TEENS - CAMP JCC OFFERS PROGRAMS THAT BRING OUT THE	
BEST IN EVERY CAMPER. FROM SWIMMING AND DAY TRIPS TO CREATIVE ARTS,	
CAMP JCC ALLOWS CAMPERS TO GROW, EXPLORE THEIR STRENGTHS, AND BUILD	
JEWISH IDENTITY. IN FY19, OVER 690 CAMPERS ATTENDED ONE OR MORE OF	OUR
THREE SUMMER SESSIONS. CAMP JCC'S NATIONALLY-RECOGNIZED INCLUSIVE	
PROGRAM ALLOWS CHILDREN OF ALL BACKGROUNDS AND ABILITIES TO PARTICI	
IN A SUMMER OF FUN, SOCIALIZATION AND GROWTH. THIS SUMMER, CAMP JCC	
SERVED 117 CHILDREN AND YOUNG ADULTS WITH DISABILITIES, ALLOWING TH	
THE CHANCE TO HAVE A FULL CAMP EXPERIENCE ALONGSIDE THEIR SIBLINGS	
FRIENDS. PARTICIPATING IN OUR AFTER-SCHOOL PROGRAM ALLOWED STUDENTS GRADES K-6 TO SOCIALIZE WITH FRIENDS, COMPLETE HOMEWORK WITH STAFF	TIN
ASSISTANCE AND STAY ACTIVE THROUGH A VARIETY OF SUPERVISED ACTIVITI	FC
ASSISTANCE AND STAY ACTIVE THROUGH A VARIETY OF SUPERVISED ACTIVITY Other program services (Describe in Schedule O.)	• 95
(Expanses $1, 920, 136$, including contract $1, 004$,) (parameter $393, 956$)	
(Expenses \$ 1,920,136. including grants of \$ 1,004.) (Revenue \$ 393,956.) Total program service expenses ► 11,679,874.	
Total program service expenses 11,679,874.	1 990 (2018)
Total program service expenses F 11,679,874.	1 990 (2018)
Total program service expenses ► 11,679,874.	990 (2018)

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Form 990 (-	GREATER	WASHINGTON
Part IV	Ch	ecklist of Required Sc	hedule	es		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
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?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		х	
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	^	
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,	11a	х	
h	Part VI		-11	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b	х	
c	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			<u> </u>
v	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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		x
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		<u> </u>
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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
••	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	 (2018)
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FUIII	990	(2010)	,

			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h		254		- 23
D	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	051		x
~~	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			37
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
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		X
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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 89			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X 000	 /06 t = '
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Form 990 (2						WASHINGTON		
Part V	Statements R	legarding C	Other II	RS F	ilings and Ta	ax 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	610			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule (3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			77
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	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 A			F -		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction file Form 8886-T?			50 50		<u>_</u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			50		
Ua	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			vu		
~	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a	х	
b		-		7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
-				8		
9	Sponsoring organizations maintaining donor advised funds.			0.		
a L				9a 0h		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b		
10 а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:		1			
 а		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	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.					
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		1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunel			45		х
	excess parachute payment(s) during the year?			15		Δ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2018)

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Form 990	(2018)
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BENDER JCC OF GREATER WASHINGTON

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

53-0205921 Page **6**

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI

		_	Yes	No
1 a E	Enter the number of voting members of the governing body at the end of the tax year 1a 27	/		
	f there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b E	Enter the number of voting members included in line 1a, above, who are independent 1b 27	7		
2 [Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
c	officer, director, trustee, or key employee?	2	Х	
3 [Did the organization delegate control over management duties customarily performed by or under the direct supervision			
c	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 [Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 [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			
	nore members of the governing body?	7a		X
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
r	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 following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a [Did the organization have local chapters, branches, or affiliates?	10a		X
	f "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Nere 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			
	n 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?	14	Х	
	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
	f "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			
	axable entity during the year?	16a		X
	f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	on C. Disclosure			•
	_ist the states with which a copy of this Form 990 is required to be filed $ ightarrow MD$, VA			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availat	ole
f	or public inspection. Indicate how you made these available. Check all that apply.	.,		
		finan	ial	
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax user	a manc	Idl	
	statements available to the public during the tax year.			
Ī	State the name, address, and telephone number of the person who possesses the organization's books and records DEBRA COOPER - (301) 881-0100 CLOSE MONTROOTE DOOD DOOT			
	6125 MONTROSE ROAD, ROCKVILLE, MD 20852	_	000	
32006	12-31-18	Forn	990	(2018
	6	\sim		7

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest C	Compensated
	Employees, and Independe	ent Contra	ctors			

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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		l	mza			nper	13410			(5)
(A)	(B)		(C) (D) Position Benertable		(E)	(F)				
Name and Title	Average		not c	heck more than one nepotiable nepotiable		·	Estimated			
	hours per		, unles cer an					compensation	compensation	amount of
	(list any	or						from the	from related organizations	other compensation
	hours for	direct						organization	(W-2/1099-MISC)	from the
	related	e or	stee			nsated		(W-2/1099-MISC)		organization
	organizations	truste	al tru		yee	in pe		(and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	In stit	Officer	Keye	High	Former			-
(1) HEIDI HOOKMAN BRODSKY	10.00									
BOARD CHAIR		х		х				0.	0.	0.
(2) FELICIA K. GOTTDENKER	10.00									
IMMEDIATE PAST CHAIR		Х		х				0.	0.	0.
(3) NOAM FISCHMAN	10.00									
GENERAL COUNSEL		Х		Х				0.	0.	0.
(4) BRIAN GAINES	10.00									
TREASURER		Х		Х				0.	0.	0.
(5) ANDREW CHOD	10.00									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(6) DALE SINGER	10.00									
SECRETARY		Х		Х				0.	0.	0.
(7) HOLLI BECKERMAN JAFFE	10.00									
CHAIR, GOVERNANCE		Х		Х				0.	0.	0.
(8) ARTHUR POLOTT	10.00									
CHAIR, DEVELPMENT		Х		Х				0.	0.	0.
(9) MINDY BERGER	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DARYLE BOBB	5.00									
BOARD MEMBER		Х						0.	0.	0.
(11) NATHAN BORTNICK	5.00									
BOARD MEMBER		Х						0.	0.	0.
(12) ELANA FINE	5.00									•
BOARD MEMBER		Х						0.	0.	0.
(13) BRETT FRIEDMAN	5.00									•
BOARD MEMBER	_	Х				<u> </u>		0.	0.	0.
(14) SAM GALLO	5.00								0	0
BOARD MEMBER	_ _ _ _ _ _ _ _ _ _	Х			<u> </u>	<u> </u>		0.	0.	0.
(15) RON GORFINKEL	5.00								•	0
BOARD MEMBER	_ _ _ _ _ _ _ _ _ _	Х			<u> </u>	<u> </u>		0.	0.	0.
(16) LISA GUNTY	5.00								_	^
BOARD MEMBER		Х			<u> </u>			0.	0.	0.
(17) MEREDITH JACOBS	5.00							_		<u>^</u>
BOARD MEMBER		Х					I	0.	0.	0.
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Form 990 (2018) BENDER JO									53-02	2059	921	Pa	ge 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)	<u> </u>			
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average		not cl		more	than c		Reportable	Reportable			imateo	
	hours per week					s both r/trust		compensation	compensatio			ount o	νf
	(list any						,	- from the	from related organizations	I		other bensat	ion
	hours for	direct				_		organization	(W-2/1099-MIS	I		om the	
	related	e or (stee			Isated		(W-2/1099-MISC)	(** 2/1000 1/10	,0,		nizatio	
	organizations	truste	al tru:		yee	im per		()			•	relate	
	below	Individual trustee or director	Institutional trustee	er	Key employee	est cc oyee	er				orga	nizatio	ns
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) RAMI KANDEL	5.00												
BOARD MEMBER		Х						0.		0.			0.
(19) JENNIFER LAVINBUK	5.00												•
BOARD MEMBER		Х						0.		0.			0.
(20) ROBIN LONDON	5.00												•
BOARD MEMBER		Х						0.		0.			0.
(21) JILL MYERS	5.00												
BOARD MEMBER		Х						0.		0.			0.
(22) ADAM POLSKY	5.00												
BOARD MEMBER		Х						0.		0.			0.
(23) HELEN RUBIN	5.00												•
BOARD MEMBER	_ 00	Х						0.		0.			0.
(24) REED SEXTER	5.00	37						0					0
BOARD MEMBER		Х						0.		0.			0.
(25) JENNY SHTIPELMAN	5.00	v						0					0
BOARD MEMBER (26) BRUCE WIENER	E 00	Х						0.		0.			0.
BOARD MEMBER	5.00	x						0.		0.			Ο.
								0.		0.			0.
1b Sub-total c Total from continuation sheets to Part VI								474,591.		0.	1 5	,28	
d Total (add lines 1b and 1c)								474,591.		0.		, 28	
2 Total number of individuals (including but n									000 of reportable			/20	<u> </u>
compensation from the organization		000	noto	u ub		,	010						3
												Yes	No
3 Did the organization list any former officer,	director. or tru	istee	e. ke	v em	olar	vee.	or	highest compensated er	nolovee on	ſ			
line 1a? If "Yes," complete Schedule J for si											3		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	x	
5 Did any person listed on line 1a receive or a	,									···· [
rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	's th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig wi	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)		~	(C		
Name and business								Description of s	ervices		ompen	sation	
HEBREW HOME OF GREATER WA			20	0 5 4	h			COMMON AREA			705	, E 3	2
6121 MONTROSE ROAD, ROCKV					2		_	MAINTENANCE			191	,53	
AMERICAN POOL, INC., 9305		Ц	AN.	E,				POOL MAINTEN	ANCE AND		C 1 -		1
SUITE E, COLUMBIA, MD 210							-	LIFEGUARDS			013	8,80	<u> </u>
CCSI CONSTRUCTION, 1150 C				26				CONCERTION			567) <u>,</u>	0
AVENUE, NW, #900, WASHING PMM COMPANIES	AVENUE, NW, #900, WASHINGTON, DC 20036 CONSTRUCTION 562,300.				•••								
15938 DERWOOD ROAD, ROCKV	тт.т.р. м	Л	20	851	5			JANITOR SERV			316	5,76	6.
NTIVA, INC., 7900 WESTPAR											510	,,,0	•••
A100, MCLEAN, VA 22102		'	•		-			IT OUTSOURCI	NG		168	8,80	5.
2 Total number of independent contractors (in	ncludina but na	ot lin	niter	to t	thos	e lis						,	
					1 3			,					

\$100,000 of compensation from the organization ► 13 SEE PART VII, SECTION A CONTINUATION SHEETS 832008 12-31-18

Form **990** (2018)

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	JCC OF GF	GREATER WASHINGTON 53-0				53-020	205921			
		nplo	yee			ligh	est (Compensated Employe	,	(F)
(A) Name and title	(B) Average hours per	(C) Position (check all that apply)			ly)	(D) Reportable compensation from	rtable Reportable nsation compensation			
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MATTHEW WEINBERG BOARD MEMBER	5.00	x						0.	0.	0.
(28) MICHAEL FEINSTEIN	65.00									
CHIEF EXECUTIVE OFFICER				x				234,022.	0.	8,161.
(29) DEBRA COOPER	50.00									
CHIEF FINANCIAL OFFICER				Х				121,557.	0.	2,000.
(30) ADAM TENNEN	40.00									
CHIEF DEVELOPMENT OFFICER						X		119,012.	0.	7,120.
			-			-				
		$\left \right $	-			-				
		<u> </u>								
Total to Part VII, Section A, line 1c								474,591.		17,281.

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n 990 (i rt VII			MADITINGTOL	•	53-0205	921 Pa
	Check if Schedule O contains a response o	or note to any line	e in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu- from tax un- sections 512 - 514
1 a	Federated campaigns 1a	4,379.				
b	Membership dues 1b					
с		722,617.				
d	Related organizations 1d					
е	Government grants (contributions)	661,274.				
f	All other contributions, gifts, grants, and					
	similar amounts not included above If 2 , 4	$\frac{474,311}{22}$				
1 a b c d f f h	Noncash contributions included in lines 1a-1f: \$	22,032				
h	Total. Add lines 1a-1f	🕨	3,862,581.			
_		Business Code	C EOO 471			
2 a	PROGRAM FEES		<u>5,599,471.</u>			
b	MEMBERSHIP DUES	900099	279,169.	2,358,970. 279,169.		
	RENTAL INCOME	900099	279,109.	279,109.		
d e						
f	All other program service revenue					
	Total. Add lines 2a-2f		9,237,610.			
3	Investment income (including dividends, interes					
	other similar amounts)	►	153,697.			153,69
4	Income from investment of tax-exempt bond pr	oceeds 🕨 🕨				
5	Royalties	►				
	(i) Real	(ii) Personal				
6 a	Gross rents					
	Less: rental expenses					
	Rental income or (loss)					
d	Net rental income or (loss)	🕨				
7 a	Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory 1196065.					
b	Less: cost or other basis and sales expenses 1075114.					
	100 051					
			120,951.			120,9
	Net gain or (loss) Gross income from fundraising events (not		120,991.			120,5
0 4	including \$ 722,617. of					
	contributions reported on line 1c). See					
		80,830.				
b		99,317.				
	Net income or (loss) from fundraising events		-18,487.			-18,48
	Gross income from gaming activities. See					
	Part IV, line 19 a					
b	Less: direct expenses b					
с	Net income or (loss) from gaming activities	►				
10 a	Gross sales of inventory, less returns					
		26,602.				
	U		2 000	2 000		
c	Net income or (loss) from sales of inventory		3,882.	3,882.		
		Business Code	27 440			27 4
	MISCELLANEOUS	900099	27,440.		2 600	27,44
	ADVERTISING	541800	3,600.		3,600.	
C A						
	All other revenue		31,040.			
е 12	Total. Add lines 11a-11d			9,241,492.	3,600.	283,60
	Total revenue. See instructions	🖊 🖊		~, 4 = 1 , = 7 4 •	5,000.	Form 990 (

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BENDER JCC OF GREATER WASHINGTON Part IX Statement of Functional Expenses

expenses

46,481.

420,571.

1,262.

23,503.

34,278.

10,331.

58,281.

31,995.

57,840.

11,597.

28,565.

13,449.

41,340.

791,888.

1,925.

8,764.

36.

1,670.

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 **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 115,562. 115,562. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign

357,731.

6,479,150.

21,473.

326,684.

502,702.

4,757.

103,793.

20,500.

1,175,954.

1,801,620.

494,298.

209,054.

243,122.

951,732.

81,206.

11

187,243.

275,825.

45,748.

25,067.

19,588.

266,728.

404,235.

1,052,789.

1,660,057.

109,835.

195,937.

489,538.

64,727.

226,581.

901,142.

441,565.

164,602.

49,820.

27,905.

5,464,196.

286,183.

594,383.

36,453.

64,189.

4,757.

103,793.

20,500.

112,834.

19,127.

47,893.

16,173.

83,723.

132,730.

7,777.

22,025.

29,461.

48,397.

73,882.

1,709,627.

4,724.

623.

individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees

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 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)

9

Other employee benefits 10 Payroll taxes Fees for services (non-employees):

11 Management а b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17

е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18

for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)

amount, list line 24e expenses on Schedule 0.) 503,411. PROGRAM SUPPLIES RENTAL/MAINT. EQUIP 279,824. All other expenses 14,181,389. 11,679,874. Total functional expenses. Add lines 1 through 24e

25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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а

b С d

е

2018.05050 BENDER JCC OF GREATER

Form 990 (2018)

WA

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Total liabilities and net assets/fund balances

34,613,495.

34

BENDER	JCC	OF	GREATER	WASHINGTON
	000	<u><u></u></u>	OLUDITU	MIDIIIIOIOI

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

(A) Beginning of year (B) End of year 3,148,713. 390,282. 1 1 Cash - non-interest-bearing 432,316. 342,858. 2 2 Savings and temporary cash investments 4,138,506. 1,816,093. Pledges and grants receivable, net 3 3 70,012. 43,091. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 7 528. 528. 8 8 Inventories for sale or use 320,273. 467,258. 9 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 30,807,882. b Less: accumulated depreciation 10b 12,450,435. 18,011,073. 18,357,447. 10c 4,355,215. 4,636,283. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 4,136,859. 3,948,540. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 30,002,380. 34,613,495. **Total assets.** Add lines 1 through 15 (must equal line 34) 16 16 725,304. 17 853,095. 17 Accounts payable and accrued expenses 18 18 Grants payable 2,053,610. 1,840,784. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 11,625,373. 7,647,021. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 233,796. 308,396. 25 Schedule D 10,649,296. 14,638,083. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 and complete lines 27 through 29, and lines 33 and 34. 10,746,396. 10,515,294. 27 27 Unrestricted net assets 2,120,447. 1,687,074. Temporarily restricted net assets 28 28 7,108,569. 7,150,716. Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 19,975,412. 19,353,084. Total net assets or fund balances 33 33

Form **990** (2018)

30,002,380.

Form 990 (2018) Part X Bala

Assets

Liabilities

Net Assets or Fund Balances

2018)		E
Ba	lance	Sheet	

	990 (2018) BENDER JCC OF GREATER WASHINGTON	53-0	205921	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,391		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,181		
3	Revenue less expenses. Subtract line 2 from line 1	3	-790		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,975		
5	Net unrealized gains (losses) on investments	5	167	,78	<u>37.</u>
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	19,353	, 08	34.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	<u> </u>
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for 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 in 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	0			
	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				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form	JUII	0010

Form **990** (2018)

SCHEDUL	E A.
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB NO. 1545-0047
2018
Open to Public Inspection

Name of the	e organization
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Nan	ne of t	he organization						Employer	identification number
		BEND	ER JCC OF (GREATER WASH	INGTON	V			3-0205921
Pa	rtI	Reason for Public (Charity Status	All organizations must co	omplete th	is part.) Se	e instruction	S.	
The	organi	zation is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Χ	An organization that norma						ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	inction with a	land-grant	college
		or university or a non-land-g	arant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:						-	
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, members	hip fees, an	d gross receipts from
		activities related to its exem	npt functions - subject	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
а] Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
	organization. You must complete Part IV, Sections A and B.								
b] Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с] Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
<u> </u>		ide the following information			(iv) is the ora:	anization listed	(.) (· · · · · · · · · · · · · · · · · · ·	
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see in		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See ii	istructions	
.									
Tota		oponuoric Doduction A -t N	lation and the last	untions for Form 000	000 57	000001 15	l 11.10 Colta	dulo A (E	
LINA	FUT P	aperwork Reduction Act N	iouce, see the instr	uctions for Form 990 0	330-EZ.	832021 10-	II-18 SCRE	uule A (FOI	111 990 OF 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 BENDER JCC OF GREATER WASHINGTON Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(i

53-0205921 Page 2

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.)

<u>Se</u>	ction A. Public Support			-	-	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5719446.	9840582.	3567525.	4057091.	3862581.	27047225.
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	5719446.	9840582.	3567525.	4057091.	3862581.	27047225.
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)						4439723.
	Public support. Subtract line 5 from line 4.						22607502.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	5719446.	9840582.	3567525.	4057091.	3862581.	27047225.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	147,363.	137,045.	148,615.	146,579.	153,697.	733,299.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	63,855.	57,646.	40,443.	43,947.	27,440.	233,331.
11	Total support. Add lines 7 through 10						28013855.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 44	,162,900.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
_	organization, check this box and stop	here					
See	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (I		•			14	80.70 %
	Public support percentage from 2017					15	75.21 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶∟
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac				•	•	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test. 7	The organization q	ualifies as a public	ly supported organ	nization	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ►
					Sche	dule A (Form 990) or 990-EZ) 2018

832022 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 BENDER JCC OF GREATER WASHINGTON 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.)

fts, grants, contributions, and embership fees received. (Do not clude any "unusual grants.") oss receipts from admissions, erchandise sold or services per- med, or facilities furnished in y activity that is related to the ganization's tax-exempt purpose oss receipts from activities that e not an unrelated trade or bus- ess under section 513 x revenues levied for the organ- tion's benefit and either paid to expended on its behalf e value of services or facilities mished by a governmental unit to e organization without charge otal. Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons ounts included on lines 2 and 3 received m other than disqualified persons that used the greater of \$5,000 or 1% of the ount on line 13 for the year						
clude any "unusual grants.") oss receipts from admissions, erchandise sold or services per- med, or facilities furnished in y activity that is related to the ganization's tax-exempt purpose oss receipts from activities that e not an unrelated trade or bus- ess under section 513 x revenues levied for the organ- ation's benefit and either paid to expended on its behalf e value of services or facilities mished by a governmental unit to e organization without charge otal. Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons ounts included on lines 2 and 3 received m other than disqualified persons that teed the greater of \$5,000 or 1% of the ount on line 13 for the year						
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erchandise sold or services per- med, or facilities furnished in y activity that is related to the ganization's tax-exempt purpose oss receipts from activities that e not an unrelated trade or bus- ess under section 513 x revenues levied for the organ- tion's benefit and either paid to expended on its behalf e value of services or facilities mished by a governmental unit to e organization without charge tal. Add lines 1 through 5 nounts included on lines 1, 2, and received from disqualified persons ounts included on lines 2 and 3 received m other than disqualified persons that teed the greater of \$5,000 or 1% of the ount on line 13 for the year						
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ounts included on lines 2 and 3 received m other than disqualified persons that seed the greater of \$5,000 or 1% of the ount on line 13 for the year						
eed the greater of \$5,000 or 1% of the ount on line 13 for the year			1			
Iblic support. (Subtract line 7c from line 6.)						
on B. Total Support						
	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(a) 2018	(f) Total
	(a) 2014	(6) 2010	(0) 2010		(0) 2010	
oss income from interest, vidends, payments received on curities loans, rents, royalties,						
et income from unrelated business tivities not included in line 10b, nether or not the business is nulady carried on						
her income. Do not include gain loss from the sale of capital						
sets (Explain in Part VI.)			1			+
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on C Computation of Public	Support Par	contago				
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e 18 is not more than 33 1/3%, chec	k this box and s t	top here. The orga	anization qualifies a	as a publicly suppo	orted organizatio	n▶
ivate foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶∟
0-11-18				Sch	nedule A (Form 9	990 or 990-EZ) 201
	year (or fiscal year beginning in) oounts from line 6 poss income from interest, idends, payments received on purities loans, rents, royalties, d income from similar sources elated business taxable income s section 511 taxes) from businesses uired after June 30, 1975 d lines 10a and 10b t income from unrelated business ivities not included in line 10b, ether or not the business is ularly carried on ther income. Do not include gain oss from the sale of capital sets (Explain in Part VI.) al support. (Add lines 9, 10c, 11, and 12.) st five years. If the Form 990 is for the bolic support percentage for 2018 (line bolic support percentage for 2017 so on D. Computation of Invest estment income percentage for 2017 estment income percentage for 2017 (In 3% support tests - 2018. If the core ta 1/3% support tests - 2017. If the core a 1/3%	year (or fiscal year beginning in) ► (a) 2014 (a) 2014 (b) 2014 (c) 2014 (year (or fiscal year beginning in) (a) 2014 (b) 2015 iounts from line 6	year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 iounts from line 6 iounts from interest, dends, payments received on jurities loans, rents, royalties, di income from similar sources iounts from similar sources iounts from similar sources elated business taxable income s section 511 taxes) from businesses iounts from similar sources iounts from similar sources elated business taxable income s section 511 taxes) from businesses iounts from unrelated business iounts from unrelated business virties loan and 10b tincome from unrelated business iounts from unrelated business iounts from unrelated business virties of included in line 10b, ether or not the business is ularly carried on iounts from the sale of capital iounts from the sale of capital exts (Explain in Part VI.) iount from 990 is for the organization's first, second, third, fourth, or fifth ta eack this box and stop here iount from composition of Public Support Percentage ioic support percentage from 2017 Schedule A, Part III, line 15 ion D. Computation of Investment Income Percentage estment income percentage from 2017 Schedule A, Part III, line 17 iounts from similar source 1/3% support tests - 2018. If the organization did not check the box on line 14, and line is an a publicity site site is box and stop here. The organization qualifies as a publicity site sis in to more than 33 1/3%, check this box	year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 iounts from line 6	year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 iounts from line 6

Schedule A (Form 990 or 990-EZ) 2018 BENDER JCC OF GREATER WASHINGTON

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 disgualified 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 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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3b		
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4a		
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Schedule A (Form 990 or 990-EZ) 2018

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No Yes

Schedule A (Form 990 or 990-EZ) 2018 BENDER JCC OF GREATER WASHINGTON Part IV Supporting Organizations (continued)

	Comporting organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2				
	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,	•		
6 00	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		L
Sec	tion of type it supporting organizations			
-			Yes	No
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).	1		L
Sec	tion 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 (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
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 government entity (see instr	tional		
2	Activities Test. Answer (a) and (b) below.	ucuons)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
a	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	0		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		l
832025	5 10-11-18 Schedule A (Form 99	30 or 99	0-EZ)	2018

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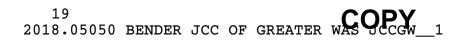
	dule A (Form 990 or 990-EZ) 2018 BENDER JCC OF GREATER			53-0205921 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	-		Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete See	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	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		
е	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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrate	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 BENDER JCC OF GREATER WASHINGTON

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continued)					
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exer	mpt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	e organization is responsive	9					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
_1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2018							
a	From 2013							
b	From 2014							
c	From 2015							
d	From 2016							
e	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
c	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2014							
b	Excess from 2015							
C	Excess from 2016							
d	Excess from 2017							
е	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

	A (Form 990 or 990-EZ) 2018					53-0205921 Page 8
Part VI	Supplemental Inform	nation. Pro	vide the expl	anations required	l by Part II, line 10; Part II,	, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1,	2, 3b, 3c, 4b,	4c, 5a, 6, 9a	, 9b, 9c, 11a, 11l	o, and 11c; Part IV, Sectio	on B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, I	ines 2 and 3; I	Part IV, Secti	on E, lines 1c, 2a	, 2b, 3a, and 3b; Part V, li	ne 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8	B; and Part V,	Section E, lir	ies 2, 5, and 6. A	so complete this part for	any additional information.

(See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS	
2014 AMOUNT: \$ 63,855.	
2015 AMOUNT: \$ 52,751.	
2016 AMOUNT: \$ 40,443.	
0010 + 05 440	
GAIN ON DISPOSAL OF FIXED ASSET:	S
2014 AMOUNT: \$ 0.	
2016 AMOUNT: \$ 0.	
2017 AMOUNT: \$ 0.	
2018 AMOUNT: \$ 0.	
832028 10-11-18	21 Schedule A (Form 990 or 990-EZ) 2018
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990. Form 990-EZ. or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

mployer identification number

53-0205921

Name of the organization			
	BENDER JCC OF GREATER WASHINGTON		
Organization type (ch	neck one):		
Filers of:	Section:		
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

15210305 150872 JCCGW

Employer identification number

53-0205921

BENDER JCC OF GREATER WASHINGTON

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>905,313.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>350,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>196,286.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>90,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08	24	Schedule R (Form	990, 990-EZ, or 990-PF) (2018)

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Employer identification number

53-0205921

BENDER JCC OF GREATER WASHINGTON

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990,	990-E7 or 9	90-PF) (2018)
Schedule D (i Onn 330,	330-LZ, 01 3	30-11) (2010)

Page	4
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me of or	ganization		Employer identification number				
ENDEF	R JCC OF GREATER WASHI		53-0205921				
art III	from any one contributor. Complete columns	(a) through (e) and the following line ent	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ye try. For organizations				
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition	c, charitable, etc., contributions of \$1,000 or al space is needed.	less for the year. (Enter this info. once.) ► \$				
a) No. from							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		·					
F		(e) Transfer of gif	t				
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
		[
a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
Ļ	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
—							
ŀ		(e) Transfer of gift	•				
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
a) No. from							
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I		·					
		(e) Transfer of gif	[
	Transforma's name address						
	Transferee's name, address,		t Relationship of transferor to transferee				
	Transferee's name, address,						

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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.



Department of the Treasury Internal Revenue Service

Nam	e of the organization	NCHON	Employer identification number 53-0205921
Par	BENDER JCC OF GREATER WASH		
Fai		ther Similar Funds of Ad	Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	or advised funds	(b) Funds and other accounts
			(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		-1-
5	Did the organization inform all donors and donor advisors in writing that the a		
•	are the organization's property, subject to the organization's exclusive legal c		
6	Did the organization inform all grantees, donors, and donor advisors in writing		
	for charitable purposes and not for the benefit of the donor or donor advisor,		°
Par	impermissible private benefit?		Ulino 7
			, iiile 7.
1	Purpose(s) of conservation easements held by the organization (check all that		vimportant land area
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically	
	Protection of natural habitat	Preservation of a certified h	listoric structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
a L	Total number of conservation easements		
b		- (-)	2b
c	Number of conservation easements on a certified historic structure included in		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguis	hed, or terminated by the organi	ization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring		
•		1	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of viola	tions, and enforcing conservation	on easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations	, and enforcing conservation ea	isements during the year
•			
8	Does each conservation easement reported on line 2(d) above satisfy the requ		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in		
	include, if applicable, the text of the footnote to the organization's financial st	atements that describes the org	janization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of Art, Historic	al Treasures or Other S	Similar Assets
1 41	Complete if the organization answered "Yes" on Form 990, Part IV, line	-	Jimidi Assets.
10	· · · · · · · · · · · · · · · · · · ·		d belence about works of ort
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to re	•	
	historical treasures, or other similar assets held for public exhibition, educatio	n, or research in furtherance of	public service, provide, in Part XIII,
L	the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report		
	treasures, or other similar assets held for public exhibition, education, or rese	arch in furtherance of public ser	rvice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other s		provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relationships and a second se	-	
a L	, , ,		
	Assets included in Form 990, Part X	<u></u>	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2018
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Sche	Schedule D (Form 990) 2018 BENDER JCC OF GREATER WASHINGTON 53-0205921 Page 2										
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)											
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	Public exhibition	d		Loan or excl	nange progra	ams					
b	Scholarly research e Other										
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ney further th	e organizatio	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, hi	storical treas	ures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered "	Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for o	contributions	s or other ass	ets not ir	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able:							
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f				
	Did the organization include an amount on Fo						ty?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.						•				<u> </u>
Fai	t V Endowment Funds. Complete it								()[
		(a) Current year 8,927,986.		Prior year	(c) Two year			years back 202,708.			
18	Beginning of year balance	42,184.	0	,292,199. 686,109.		2,945.		63,696.		421,	942.
D	Contributions	441,497.		544,350.		3,343.		67,544.		127,	
C L	Net investment earnings, gains, and losses	441,497.		544,550.		, 303.		07,544.		127,	<u>401.</u>
a	Grants or scholarships										
е	Other expenditures for facilities	639,640.		570,364.	100	,478.	3	95,230.		382,	357
	and programs	24,900.		24,308.		1,761.		22,520.			485.
	Administrative expenses	8,747,127.	8	,927,986.		2,199.		81,110.		202,	
g	End of year balance [Provide the estimated percentage of the current of the curr					.,155.	0,0	,	•,	202,	/00.
2	Board designated or quasi-endowment		e (inte Tų %	y, column (a)) Helu as.						
a b	Permanent endowment 92.11	%									
	Temporarily restricted endowment	%									
U	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
39	Are there endowment funds not in the posses		tion the	it are held an	d administer	ed for the	organiz	ation			
ou	by:						organiz		Г	Yes	No
	(i) unrelated organizations								3a(i)	X	
	***										Х
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	l "Yes" on Form 990	, Part IV	/, line 11a. S	ee Form 990.	, Part X, I	ine 10.				
	Description of property	(a) Cost or o		(b) Cost			cumulate	ed	(d) Bool	value	 ə
		basis (investr		basis (• •	reciation		(1) 200		-
1 a	Land										
	Buildings										
	Leasehold improvements			28,53	2,335.	10,7	28,8	18. 1	7,803	3,51	17.
	Equipment				7,437.		00,5			5,84	
	Other				8,110.		21,0			7,08	
-	. Add lines 1a through 1e. (Column (d) must ed		X. colun						.8,357		
		,,,,,,,,, _							e D (Form		

Schedu	Ile D (Form 990) 2018 BENDER JCC	OF GREATER	WASHI	NGTON	53	-0205921 Page 3
Part	VII Investments - Other Securities.					
	Complete if the organization answered "Yes"	on Form 990, Part IV				
(a) De	Scription of security or category (including name of security)	(b) Book value	(c) Method of val	uation: Cost or end	l-of-year market value
(1) Fin	ancial derivatives					
(2) Clo	sely-held equity interests					
(3) Oth						
	UNITED JEWISH ENDOWMENT					
(B)	FUND	3,948,5	<u>40. E</u>	ND-OF-YE	AR MARKET	VALUE
(C)						
(D)						
(E)						
(F)						
(G)						
<u>(H)</u>		2 040 5	10			
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,948,5	40.			
Fait	VIII Investments - Program Related.					
	Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV (b) Book value				l-of-year market value
	(a) Description of investment				uation. Cost of end	-Oryear market value
(1)						
(2)						
(3)						
<u>(4)</u> (5)						
(6)						
(7)						
(8)						
(9)						
	Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨					
Part						
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. S	See Form 990, Pa	art X, line 15.	
	(a)	Description				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	Column (b) must equal Form 990. Part X. col. (B) line	e 15.)			►	
Part						
	Complete if the organization answered "Yes"	on Form 990, Part IV			990, Part X, line 25.	
<u>1.</u>	(a) Description of liability		(b) Bo	ok value		
	Federal income taxes		1	25 220		
(2)	CAPITAL LEASE OBLIGATIONS			35,320.		
	DEPOSITS PAYABLE			28,900.		
(4)	DEFERRED COMPENSATION			44,176.		
(5)						
(6)						
(7)						
(8)						
(9) Totol			2	08,396.		
	<u>Column (b) must equal Form 990, Part X, col. (B) line</u>	,			noial atatamanta th	at reports the
	bility for uncertain tax positions. In Part XIII, provide anization's liability for uncertain tax positions under			-		
UIU	anization s hability for uncertain tax positions under	1 11 40 (AOU 140). U		THE LEAL OF THE P	ooulote has been p	

Schedule D (Form 990) 2018

832053 10-29-18

_	dule D (Form 990) 2018 BENDER JCC OF GREATER WASH				0205921 Page 4	
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	13,637,878.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	167,787.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	99,317.			
е	Add lines 2a through 2d			2e	267,104.	
3	Subtract line 2e from line 1			3	13,370,774.	
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	20,500.			
b	Other (Describe in Part XIII.)	. 4b				
	Add lines 4a and 4b			4c	20,500.	
С						
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			5	13,391,274.	
5			Expenses per R			
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)	ents With	Expenses per R		n.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R			
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R	etur	n.	
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per R	etur	n.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per R	etur	n.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	Expenses per R	etur	n.	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per R	etur	n. 14,260,206.	
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R	etur	n. 14,260,206. 99,317.	
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per R	1	n. 14,260,206.	
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R	1 2e	n. 14,260,206. 99,317.	
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per R	1 2e	n. 14,260,206. 99,317.	
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 	Expenses per R	1 2e	n. 14,260,206. 99,317. 14,160,889.	
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other losses Other losses through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	Expenses per R 99,317. 20,500.	1 2e	n. <u>14,260,206.</u> <u>99,317.</u> <u>14,160,889.</u> <u>20,500.</u>	
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	Expenses per R 99,317. 20,500.	2e 3	n. 14,260,206. 99,317. 14,160,889.	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE CENTER USES ITS ENDOWMENT FUNDS AS NEEDED FOR NEW INITIATIVES AND TO

COVER OPERATING CASH SHORTFALLS AS APPROVED BY THE BOARD OF DIRECTORS.

PART X, LINE 2:

THE CENTER EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED

JUNE 30, 2019, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD

REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY

EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

832054 10-29-18

1

30 2018.05050 BENDER JCC OF GREATER WAS OCCG

Schedule D (Form 990) 2018 Part XIII Supplemental Inf	BENDER JCC OF GREATER WASHINGTON	53-0205921 Page 5
Part XIII Supplemental Inf	ormation (continued)	
PART XII, LINE 2D	- OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPE	INSES	99,317.
		Schedule D (Form 990) 2018

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury		Attach to Form 990	-		-			Open to Public	
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection	
Name of the organization		JCC OF GREATER WAS	υтма	ירחחי	л		Employer ide	entification number	
Part I Fundrais		Complete if the organization answe				line 1			
	complete this part			03 01	11 onn 330, 1 art 10, 1		7.1 OIII 000 E		
		ed funds through any of the followin							
a Mail solicitat	ions email solicitations			•	overnment grants				
b Internet and c Phone solicit		f Solicita g Special			nment grants events				
d In-person so		g opoidi	lanare	loning	ovonto				
2 a Did the organization	on have a written o	r oral agreement with any individual	(includ	ing of	ficers, directors, trus	stees,	or		
		art VII) or entity in connection with p			•		Ye		
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which t	he fur	ndraiser is to b	e	
					1			1	
(i) Name and address	s of individual	(ii) Activity	(iii) fundr have c	Did aiser	(iv) Gross receipts	tò (c	Amount paid or retained by)	(vi) Amount paid to (or retained by)	
or entity (fund	Iraiser)		or con contribu	trol of	from activity		fundraiser ted in col. (i)	organization	
			Yes	No					
Total									
		n is registered or licensed to solicit o	ontrib	utions	or has been notified	litis e	exempt from re	egistration	
or licensing.		-					-	-	
					_				
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Z	Sche	dule G (Form	990 or 990-EZ) 2018	

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 BENDER JCC OF GREATER WASHINGTON

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

 Less Gros Gros Cash Nonc Rent Rent Food Rent Rent Time Gross Gross Gross Gross Gross Gross Gross Nonc Annot Gross Rent 	ss receiptss contributionss income (line 1 minus line 2)n prizess cash prizess cash prizess cash prizess cash prizess cash prizess cash prizess constants constant constants constant constants constant constant constant const	543,394. 53,794. 2,795. 34,885. 13,807. 3,085. 21,967. pugh 9 in column (d) om line 3, column (d)	179,223. 27,036. 267. 1,197. 2,585. 18,729.	eported more than	(d) Total events (add col. (a) through col. (c)) 803,447 722,617 80,830 3,062 34,885 15,004 5,670 40,696 99,317 -18,487
 Less Gros Gros Cash Nonc Rent Rent Food Rent Rent Time Gross Gross Gross Gross Gross Gross Gross Nonc Annot Gross Rent 	:: Contributions ss income (line 1 minus line 2) n prizes cash prizes /facility costs d and beverages rtainment er direct expenses ct expense summary. Add lines 4 thro ncome summary. Subtract line 10 fro Gaming. Complete if the organizat	(event type) 597,188. 543,394. 53,794. 2,795. 34,885. 13,807. 3,085. 21,967. bugh 9 in column (d) om line 3, column (d) ion answered "Yes" on Form	(event type) 206,259. 179,223. 27,036. 267. 1,197. 2,585. 18,729. n 990, Part IV, line 19, or re-	eported more than	- col. (c)) 803,447 722,617 80,830 3,062 34,885 15,004 5,670 40,696 99,317 -18,487
 Less Gros Gros Cash Nonc Rent Rent Food Rent Rent Time Gross Gross Gross Gross Gross Gross Gross Nonc Annot Gross Rent 	:: Contributions ss income (line 1 minus line 2) n prizes cash prizes /facility costs d and beverages rtainment er direct expenses ct expense summary. Add lines 4 thro ncome summary. Subtract line 10 fro Gaming. Complete if the organizat	597,188. 543,394. 53,794. 2,795. 34,885. 13,807. 3,085. 21,967. bugh 9 in column (d) pm line 3, column (d) ion answered "Yes" on Form	206,259. 179,223. 27,036. 267. 1,197. 2,585. 18,729. n 990, Part IV, line 19, or re-	eported more than	722,617 80,830 3,062 34,885 15,004 5,670 40,696 99,317 -18,487
 Less Gros Gros Cash Nonc Rent Rent Food Rent Rent Time Gross Gross Gross Gross Gross Gross Gross Nonc Annot Gross Rent 	:: Contributions ss income (line 1 minus line 2) n prizes cash prizes /facility costs d and beverages rtainment er direct expenses ct expense summary. Add lines 4 thro ncome summary. Subtract line 10 fro Gaming. Complete if the organizat	543,394. 53,794. 2,795. 34,885. 13,807. 3,085. 21,967. bugh 9 in column (d) om line 3, column (d) ion answered "Yes" on Form	179,223. 27,036. 267. 1,197. 2,585. 18,729.	eported more than	722,617 80,830 3,062 34,885 15,004 5,670 40,696 99,317 -18,487
3 Gross 4 Cash 5 Nonc 6 Rent 7 Food 8 Entel 9 Othe 10 Direct 11 Nonc 1 Gross 2 Cash 3 Nonc 4 Rent	as income (line 1 minus line 2)	53,794. 2,795. 34,885. 13,807. 3,085. 21,967. bugh 9 in column (d) om line 3, column (d) ion answered "Yes" on Form	27,036. 267. 1,197. 2,585. 18,729.	eported more than	80,830 3,062 34,885 15,004 5,670 40,696 99,317 -18,487
 Cash Nonce Rent Food Entee Other O	n prizes cash prizes /facility costs d and beverages rtainment er direct expenses ct expense summary. Add lines 4 thro ncome summary. Subtract line 10 fro Gaming. Complete if the organizat	2,795. 34,885. 13,807. 3,085. 21,967. Dough 9 in column (d) orn line 3, column (d) ion answered "Yes" on Form	267. 1,197. 2,585. 18,729.	eported more than	3,062 34,885 15,004 5,670 40,696 99,317 -18,487
5 Nonc 6 Rent 7 Food 8 Enter 9 Othe 10 Direc 11 Net if 1 III (3 1 Gros 2 Cash 3 Nonc 4 Rent	cash prizes /facility costs d and beverages rtainment er direct expenses ct expense summary. Add lines 4 thro ncome summary. Subtract line 10 fro Gaming. Complete if the organizat	34,885. 13,807. 3,085. 21,967. bugh 9 in column (d) om line 3, column (d) ion answered "Yes" on Form	1,197. 2,585. 18,729.	eported more than	34,885 15,004 5,670 40,696 99,317 -18,487
6 Rent. 7 Food 8 Entel 9 Othe 10 Direct 11 Net if 1 Net if 1 I Gross 2 Cash 3 Nonc 4 Rent.	/facility costs d and beverages rtainment er direct expenses ct expense summary. Add lines 4 thro ncome summary. Subtract line 10 fro Gaming. Complete if the organizat	34,885. 13,807. 3,085. 21,967. pugh 9 in column (d) pm line 3, column (d) ion answered "Yes" on Form	1,197. 2,585. 18,729.	eported more than	15,004 5,670 40,696 99,317 -18,487
 7 Food 8 Enter 9 Othe 10 Direction 11 Net in 1 In 1 Gross 2 Cash 3 Nonco 4 Rent 	d and beverages rtainment er direct expenses ct expense summary. Add lines 4 thro ncome summary. Subtract line 10 fro Gaming. Complete if the organizat	13,807. 3,085. 21,967. Dugh 9 in column (d) om line 3, column (d) ion answered "Yes" on Form	1,197. 2,585. 18,729.	eported more than	15,004 5,670 40,696 99,317 -18,487
 8 Enter 9 Othe 10 Direction 11 Net in 1 Gross 1 Gross 2 Cash 3 Nonco 4 Rent 	rtainment er direct expenses ct expense summary. Add lines 4 thro ncome summary. Subtract line 10 fro Gaming. Complete if the organizat	3 , 085 . 21 , 967 . bugh 9 in column (d) om line 3, column (d) ion answered "Yes" on Form	2 , 585 . 18 , 729 . n 990, Part IV, line 19, or n	eported more than	5,670 40,696 99,317 -18,487
9 Othe 10 Direc 11 Net i 1 III (1 Gros 2 Cash 3 Nonc 4 Rent	er direct expenses of expense summary. Add lines 4 thro ncome summary. Subtract line 10 fro Gaming. Complete if the organizat	bugh 9 in column (d) om line 3, column (d) ion answered "Yes" on Form	n 990, Part IV, line 19, or n	eported more than	40,696 99,317 -18,487
9 Othe 10 Direc 11 Net i 1 III (1 Gros 2 Cash 3 Nonc 4 Rent	er direct expenses of expense summary. Add lines 4 thro ncome summary. Subtract line 10 fro Gaming. Complete if the organizat	bugh 9 in column (d) om line 3, column (d) ion answered "Yes" on Form	n 990, Part IV, line 19, or n	eported more than	40,696 99,317 -18,487
10 Direct 11 Net in 1 III 1 Gross 2 Cash 3 Nonco 4 Rent	ct expense summary. Add lines 4 thro ncome summary. Subtract line 10 fro Gaming. Complete if the organizat	bugh 9 in column (d) om line 3, column (d) ion answered "Yes" on Form	n 990, Part IV, line 19, or n	eported more than	99,317
t iii (1 Gross (2 Cash (3 Nonc (4 Rent (Gaming. Complete if the organizat	om line 3, column (d) ion answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	1
1 Gros 2 Cash 3 Nonc 4 Rent				·	
 Cash Nonc Rent. 			bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
3 Nonc4 Rent.	s revenue				
4 Rent	n prizes				
	cash prizes				
	/facility costs				
5 Othe	er direct expenses				
6 Volur	nteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	5
7 Direc	ct expense summary. Add lines 2 thro	bugh 5 in column (d)			
8 Net g	gaming income summary. Subtract lir	ne 7 from line 1, column (d)			
			(D)		
	e state(s) in which the organization co ganization licensed to conduct gamin				X Yes
	JANIZATION IICENSED TO CONDUCT ASMIN				[43] TES [] [
140, 6					
	explain:				

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990 EZ) 2018 BENDER JCC OF GREATER WASHINGTON	53-0205921 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes X No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a 100.00 %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:
Name DEBRA COOPER	
Address b 6125 MONTROSE ROAD - ROCKVILLE, MD 20852	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt
of gaming revenue retained by the third party ►\$	
c If "Yes," enter name and address of the third party:	
Name 🕨	
Address	
16 Gaming manager information:	
Name JODI SHULIMSON	
Gaming manager compensation 🕨 \$	
Description of services provided THE EVENT MANAGER IS RESPONSIBLE FOR MAN	
LOGISTICS, SERVING AS THE STAFF LIAISON TO THE VOLUNTEER C ORDERING SUPPLIES AND PROVIDING THE DAY OF EVENT OVERSIGHT	
ORDERING SUPPLIES AND PROVIDING THE DAY OF EVENT OVERSIGHT	•
Director/officer X Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent ir organization's own exempt activities during the tax year	1 the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
832083 10-03-18 Schedule	G (Form 990 or 990-EZ) 2018

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Schedule G (Form 990 or 990-EZ)	BENDER	JCC	OF	GREATER	WASHINGTON	
Part IV Supplemental Inform	nation (con	tinued)				

Schedule C (Form 990 or 990-EZ	Supplemental Information (continued)	
	832084 04-01-18	Schedule G (Form 990 or 990-EZ)

15430305 150872 JCCGW

SCHEDU (Form 99			arants and Oth vernments, an					омв №. 1545-0047
			ete if the organizatio	n answered "Yes"	' on Form 990, Pa			
Department Internal Reve	of the Treasury enue Service		Go to www.ir	Attach to For	m 990. or the latest inforn	nation		Open to Public Inspection
Name of	the organization	C OF GREA	TER WASHING					Employer identification number 53-0205921
Part I	General Information on Grants a			1011				55 0205721
	es the organization maintain records t		C C		• • •	C C		
	eria used to award the grants or assis scribe in Part IV the organization's pro		oring the use of grant					X Yes No
2 Des Part II	Grants and Other Assistance to					anization answered "Y	as" on Form 990 Par	t IV line 21 for any
	recipient that received more than S	-				anization answered i	es on on 550,1 a	
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 noncash assistance	(h) Purpose of grant or assistance
	er total number of section 501(c)(3) a er total number of other organization		-	e line 1 table	•		•	▶
LHA Fo	or Paperwork Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

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

Schedule I (Form 990) (2018) BENDER JCC OF GREATER WASHINGTON

Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance REDUCTION IN MEMBERSHIP DUES AND PROGRAM TUITION FOR PRESCHOOL, CAMP, DANCE CLASSES MEMBERSHIP AND PROGRAM SCHOLARSHIPS TO THE NEEDY AND MUSIC LESSONS 318 0. 115,562,FMV

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PART I, LINE 2:

Part III

SCHOLARSHIP FUNDS PROVIDED BY THE CENTER ARE FOR THE CENTER'S PROGRAMS

INCLUDING ECC TUITION, CAMP TUITION, AND OTHER MISCELLANEOUS PROGRAM

SCHOLARSHIPS. IN THE EVENT THAT A SCHOLARSHIP RECIPIENT DROPS OR CANCELS A

CLASS, THE SCHOLARSHIP FUNDS ARE REVOKED AND OFFERED TO THE NEXT PERSON ON

THE SCHOLARSHIP LIST. SCHOLARSHIPS ARE NOT OFFERED FOR NON-CENTER PROGRAMS.

53-0205921

Page 2

SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	·	00	40	<u> </u>
•		Compensated Employees		20	Ŋ	j
_		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer	identificatio	on nui	mber
		BENDER JCC OF GREATER WASHINGTON	53-	020592	1	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or	charter travel Housing allowance or residence for perso	nal use			
	Travel for con	panions Payments for business use of personal re	sidence			
	Tax indemnifi	cation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiza	tion's			
	CEO/Executive Dir	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensatio					
		compensation consultant				
	X Form 990 of c	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year, di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	-	elated organization:				
а		e payment or change-of-control payment?				X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
С		ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	.					
_		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the			_		v
						X X
b		ration?		<u>5b</u>		
~		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	contingent on the	-		0-		x
						X
a		ration?		<u>6b</u>		
7		or 6b, describe in Part III.				
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		x
		nes 5 and 6? If "Yes," describe in Part III		7		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the participant of the second part in participant of the second participant of the				x
0				8		
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?			- 000	
гна	For Paperwork F	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	1 990	12018

53-0205921

Page 2

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) MICHAEL FEINSTEIN	(i)	234,022.	0.	0.	2,083.	6,078.	242,183.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(ii)							
	(i) (ii)							

Schedule J (Form 990) 2018

Schedule	Ъ	(Form	990)	2018

Part III Supplemental Information

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

Schedule J (Form 990) 2018

SCHEDULE 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.



BENDER JCC OF GREATER WASHINGTON

53-0205921

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

FAMILIES, SUCH AS THE PRESCHOOL DANCE AND FAMILY PLAY DATES, AND UNIQUE

LEARNING OPPORTUNITIES, SUCH AS OUR GALLERY EXHIBITS AND CURRICULUM

NIGHT ARE ALL PART OF THE YEARLY CALENDAR.

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

YOUTH ALSO HAD THE OPPORTUNITY TO PARTICIPATE IN OUR COMPREHENSIVE

JAZZ, HIP-HOP, AND MORE AND TO CHILDREN'S DANCE CLASSES IN BALLET, TAP,

EXPERIENCE THE EXCITEMENT OF BEING PART OF A DANCE TROUPE WITH THE

CENTER'S AUDITION-BASED DANCE GROUPS. TWO WELL-EQUIPPED MIXED MEDIA

STUDIOS AND ONE CERAMICS STUDIO OFFERED YOUTH INNOVATIVE ART CLASSES

AND WORKSHOPS FOR ALL LEVELS OF ABILITY, INCLUDING CERAMICS, DRAWING

PAINTING, USABLE CRAFTS, AND PUPPETRY. THESE PROGRAMS, AS WELL AS OUR

PRIVATE MUSIC LESSONS, ALLOW STUDENTS TO LEARN A NEW SKILL, EXPLORE

THEIR CREATIVITY, AND BUILD UPON THEIR TALENT AND TECHNIQUE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADULT SERVICES

INCLUDING GRANTS OF \$ 304. EXPENSES \$ 1,423,353. REVENUE \$ 278,937.

SPECIAL NEEDS

EXPENSES \$ 496,783. INCLUDING GRANTS OF \$ 700. REVENUE \$ 115,019.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS, ADAM POLSKY AND NATHAN BORTNICK HAVE A FAMILY RELATIONSHIP.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

41 2018.05050 BENDER JCC OF GREATER WA

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization BENDER JCC OF GREATER WASHINGTON	Employer identification number 53-0205921
FORM 990, PART VI, SECTION A, LINE 6:	
THE MEMBERSHIP OF THE CENTER IS DIVIDED INTO TWO CLASSIFIC	ATIONS, ACTIVE

AND SPECIAL MEMBERSHIP. SPECIAL MEMBERS MAY NOT SIT AS MEMBERS ON THE BOARD

OF DIRECTORS, VOTE, OR HOLD OFFICE.

FORM 990, PART VI, SECTION A, LINE 7B:

ONE HUNDRED ACTIVE MEMBERS CONSTITUTE A QUORUM AND A MAJORITY OF THE QUORUM WILL BE REQUIRED FOR DISAPPROVING ANY MEMBER OF A SLATE OF CANDIDATES FOR THE BOARD OF DIRECTORS PROPOSED BY THE GOVERNANCE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS OR FOR NOMINATING AND ELECTING ANY NON-SLATED MEMBER TO THE BOARD OF DIRECTORS. IF AT ANY SUCH MEETING THERE SHALL BE A FAILURE TO ACHIEVE A QUORUM, THE MEETING WILL BE ADJOURNED.

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

UPON COMPLETION BY AN OUTSIDE ACCOUNTING FIRM, THE DRAFT FEDERAL FORM 990 IS REVIEWED BY THE CFO, FOLLOWED BY THE CEO. THE DRAFT FEDERAL FORM 990 IS THEN PRESENTED TO THE AUDIT COMMITTEE BY THE INDEPENDENT ACCOUNTING FIRM. A COPY OF THE DRAFT FEDERAL FORM 990 IS THEN DISTRIBUTED TO EACH BOARD MEMBER FOR REVIEW BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST FORMS ARE COMPLETED BY EACH NEW BOARD MEMBER AND KEY STAFF UPON JOINING THE CENTER. NEW FORMS ARE OBTAINED AT THE BEGINNING OF EACH FISCAL YEAR FROM CURRENT BOARD MEMBERS AND KEY STAFF, AND THE FORMS ARE REVIEWED BY THE CEO. ANY BOARD MEMBERS AND KEY STAFF WHO DISCLOSE POTENTIAL CONFLICTS RECUSE THEMSELVES FROM ANY SUCH DISCUSSIONS AND VOTES.

WITH RESPECT TO POTENTIAL CONTRACTS, AT THE BEGINNING OF ANY DISCUSSION

15430305 150872 JCCGW

Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization BENDER JCC OF GREATER WASHINGTON	Employer identification number 53-0205921
INVOLVING THESE CONTRACTS, A CALL FOR POTENTIAL CONFLICTS A	AMONGST BOARD
MEMBERS AND KEY STAFF IS TAKEN PLACE DURING THE MEETING.	

FORM 990, PART VI, SECTION B, LINE 15:

PERFORMANCE EVALUATIONS ARE CONDUCTED ANNUALLY. THE CEO'S PERFORMANCE IS EVALUATED BY A COMMITTEE OF THE BOARD OF DIRECTORS WHICH IS CHAIRED BY THE IMMEDIATE PAST-PRESIDENT OF THE BOARD OF DIRECTORS. OTHER KEY EMPLOYEES ARE EVALUATED BY THE CEO. COMPENSATION OF THE CEO AND CFO ARE DETERMINED BY A COMMITTEE OF THE BOARD OF DIRECTORS AND IS BASED UPON PERFORMANCE, MARKET REPORTS AND ANALYSIS. THE LAST COMPENSATION REVIEW WAS PERFORMED IN THE LAST QUARTER OF FISCAL YEAR 2016.

FORM 990, PART VI, SECTION C, LINE 19:

THE FEDERAL FORM 990 IS POSTED ON THE CENTER'S WEBSITE IN ADDITION TO GUIDESTAR.ORG AND CHARITYNAVIGATOR.ORG. THE CENTER'S PRIVACY POLICY IS POSTED ON ITS WEBSITE AS WELL. ALL OTHER INFORMATION IS AVAILABLE UPON REQUEST VIA THE "CONTACT US" LINK ON THE WWW.BENDERJCCGW.ORG WEBSITE, BY PHONE, E-MAIL AND/OR IN PERSON.

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