

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BENDER JCC OF GREATER WASHINGTON Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6125 MONTROSE ROAD City or town, state or province, country, and ZIP or foreign postal code ROCKVILLE, MD 20852 F Name and address of principal officer: MICHAEL FEINSTEIN SAME AS C ABOVE	D Employer identification number 53-0205921 E Telephone number (301) 881-0100 G Gross receipts \$ 14,588,425. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.BENDERJCCGW.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1923 M State of legal domicile: DC

Part I Summary

1	Briefly describe the organization's mission or most significant activities: WE CULTIVATE COMMUNITIES IN A WARM AND INCLUSIVE ENVIRONMENT TO CELEBRATE JEWISH LIFE AND VALUES.	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 27
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 610
6	Total number of volunteers (estimate if necessary)	6 920
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 3,600.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b -1,500.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,057,091. Current Year 3,862,581.
9	Program service revenue (Part VIII, line 2g)	9,148,734. 9,237,610.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	422,249. 274,648.
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.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,231,823. 7,687,740.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 791,888.	
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.
20	Total assets (Part X, line 16)	Beginning of Current Year 34,613,495. End of Year 30,002,380.
21	Total liabilities (Part X, line 26)	14,638,083. 10,649,296.
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 Here	Signature of officer DEBRA COOPER, CHIEF FINANCIAL OFFICER Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH	Preparer's signature <i>Frank H. Smith</i>	Date 03/05/20	Check <input type="checkbox"/> if self-employed	PTIN P00639053
	Firm's name ▶ MARCUM LLP		Firm's EIN ▶ 11-1986323		
	Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036		Phone no. (202) 227-4000		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE BENDER JCC OF GREATER WASHINGTON (THE CENTER) CULTIVATES COMMUNITIES IN A WARM AND INCLUSIVE ENVIRONMENT TO CELEBRATE JEWISH LIFE AND VALUES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 4,347,300. including grants of \$ 52,684.) (Revenue \$ 3,060,228.) HEALTH AND WELLNESS - WELLNESS AT THE BENDER JCC INCLUDES MEMBERSHIP, HEALTH & FITNESS AND AQUATICS. FROM PERSONAL TRAINING AND PHYSICAL THERAPY, TO PROACTIVE SENIOR HEALTH EDUCATION, THE CENTER IS PROUD TO OFFER MEMBERS OF ALL AGES A NUMBER OF ONGOING WELLNESS PROGRAMS AND ACTIVITIES THAT STRENGTHEN BOTH BODY AND MIND. WITH OVER 40,000 SQUARE FEET, TWO POOLS, AND STATE-OF-THE-ART EQUIPMENT, THE WEINBERG HEALTH & FITNESS CENTER OFFERS COMPREHENSIVE AND CUTTING-EDGE FITNESS OPTIONS.

4b (Code:) (Expenses \$ 3,123,037. including grants of \$ 36,136.) (Revenue \$ 3,130,273.) 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 BY THE REGGIO EMILIA APPROACH-ENABLES CHILDREN TO BECOME ACTIVE LEARNERS AND ENGAGED CLASSROOM PARTICIPANTS. INTEREST-BASED TOPIC STUDIES INVITE STUDENTS TO EXPLORE THE WORLD AROUND THEM. CHILDREN ARE ENCOURAGED TO EXPRESS THEMSELVES THROUGH ART AND MUSIC, AND JEWISH VALUES, CUSTOMS, 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 SUKKOT AND HANUKKAH SING, FUN SOCIAL OPPORTUNITIES FOR CHILDREN AND THEIR

4c (Code:) (Expenses \$ 2,289,401. including grants of \$ 25,738.) (Revenue \$ 2,657,035.) 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 PARTICIPATE IN A SUMMER OF FUN, SOCIALIZATION AND GROWTH. THIS SUMMER, CAMP JCC SERVED 117 CHILDREN AND YOUNG ADULTS WITH DISABILITIES, ALLOWING THEM THE CHANCE TO HAVE A FULL CAMP EXPERIENCE ALONGSIDE THEIR SIBLINGS AND FRIENDS. PARTICIPATING IN OUR AFTER-SCHOOL PROGRAM ALLOWED STUDENTS IN GRADES K-6 TO SOCIALIZE WITH FRIENDS, COMPLETE HOMEWORK WITH STAFF ASSISTANCE AND STAY ACTIVE THROUGH A VARIETY OF SUPERVISED ACTIVITIES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,920,136. including grants of \$ 1,004.) (Revenue \$ 393,956.)

4e Total program service expenses 11,679,874.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (27), 1b (27), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD, VA
18 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) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HEIDI HOOKMAN BRODSKY BOARD CHAIR	10.00	X		X				0.	0.	0.
(2) FELICIA K. GOTTDENKER IMMEDIATE PAST CHAIR	10.00	X		X				0.	0.	0.
(3) NOAM FISCHMAN GENERAL COUNSEL	10.00	X		X				0.	0.	0.
(4) BRIAN GAINES TREASURER	10.00	X		X				0.	0.	0.
(5) ANDREW CHOD ASSISTANT TREASURER	10.00	X		X				0.	0.	0.
(6) DALE SINGER SECRETARY	10.00	X		X				0.	0.	0.
(7) HOLLI BECKERMAN JAFFE CHAIR, GOVERNANCE	10.00	X		X				0.	0.	0.
(8) ARTHUR POLOTT CHAIR, DEVELOPMENT	10.00	X		X				0.	0.	0.
(9) MINDY BERGER BOARD MEMBER	5.00	X						0.	0.	0.
(10) DARYLE BOBB BOARD MEMBER	5.00	X						0.	0.	0.
(11) NATHAN BORTNICK BOARD MEMBER	5.00	X						0.	0.	0.
(12) ELANA FINE BOARD MEMBER	5.00	X						0.	0.	0.
(13) BRETT FRIEDMAN BOARD MEMBER	5.00	X						0.	0.	0.
(14) SAM GALLO BOARD MEMBER	5.00	X						0.	0.	0.
(15) RON GORFINKEL BOARD MEMBER	5.00	X						0.	0.	0.
(16) LISA GUNTY BOARD MEMBER	5.00	X						0.	0.	0.
(17) MEREDITH JACOBS BOARD MEMBER	5.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RAMI KANDEL BOARD MEMBER	5.00	X						0.	0.	0.
(19) JENNIFER LAVINBUK BOARD MEMBER	5.00	X						0.	0.	0.
(20) ROBIN LONDON BOARD MEMBER	5.00	X						0.	0.	0.
(21) JILL MYERS BOARD MEMBER	5.00	X						0.	0.	0.
(22) ADAM POLSKY BOARD MEMBER	5.00	X						0.	0.	0.
(23) HELEN RUBIN BOARD MEMBER	5.00	X						0.	0.	0.
(24) REED SEXTER BOARD MEMBER	5.00	X						0.	0.	0.
(25) JENNY SHTEPELMAN BOARD MEMBER	5.00	X						0.	0.	0.
(26) BRUCE WIENER BOARD MEMBER	5.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								474,591.	0.	17,281.
d Total (add lines 1b and 1c)								474,591.	0.	17,281.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HEBREW HOME OF GREATER WASHINGTON 6121 MONTROSE ROAD, ROCKVILLE, MD 20852	COMMON AREA MAINTENANCE	797,532.
AMERICAN POOL, INC., 9305 GERWIG LANE, SUITE E, COLUMBIA, MD 21046	POOL MAINTENANCE AND LIFEGUARDS	613,801.
CCSI CONSTRUCTION, 1150 CONNECTICUT AVENUE, NW, #900, WASHINGTON, DC 20036	CONSTRUCTION	562,300.
PMM COMPANIES 15938 DERWOOD ROAD, ROCKVILLE, MD 20855	JANITOR SERVICES	316,766.
NTIVA, INC., 7900 WESTPARK DRIVE, SUITE A100, MCLEAN, VA 22102	IT OUTSOURCING	168,805.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **13**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 4,379.				
	b Membership dues	1b				
	c Fundraising events	1c 722,617.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 661,274.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,474,311.				
	g Noncash contributions included in lines 1a-1f: \$	22,032.				
	h Total. Add lines 1a-1f	▶ 3,862,581.				
	Program Service Revenue	2 a PROGRAM FEES	Business Code 900099	6,599,471.	6,599,471.	
b MEMBERSHIP DUES		900099	2,358,970.	2,358,970.		
c RENTAL INCOME		900099	279,169.	279,169.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 9,237,610.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 153,697.			153,697.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1196065.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	1075114.			
		c Gain or (loss)	120,951.			
	d Net gain or (loss)	▶ 120,951.			120,951.	
	8 a Gross income from fundraising events (not including \$ 722,617. of contributions reported on line 1c). See Part IV, line 18	a 80,830.				
		b Less: direct expenses	b 99,317.			
c Net income or (loss) from fundraising events		▶ -18,487.			-18,487.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a 26,602.					
	b Less: cost of goods sold	b 22,720.				
	c Net income or (loss) from sales of inventory	▶ 3,882.	3,882.			
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	900099	27,440.			27,440.	
	b ADVERTISING	541800	3,600.	3,600.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶ 31,040.				
12 Total revenue. See instructions	▶ 13391274.	9,241,492.	3,600.	283,601.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	115,562.	115,562.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	357,731.	25,067.	286,183.	46,481.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,479,150.	5,464,196.	594,383.	420,571.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,473.	19,588.	623.	1,262.
9 Other employee benefits	326,684.	266,728.	36,453.	23,503.
10 Payroll taxes	502,702.	404,235.	64,189.	34,278.
11 Fees for services (non-employees):				
a Management				
b Legal	4,757.		4,757.	
c Accounting	103,793.		103,793.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	20,500.		20,500.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,175,954.	1,052,789.	112,834.	10,331.
12 Advertising and promotion	187,243.	109,835.	19,127.	58,281.
13 Office expenses	275,825.	195,937.	47,893.	31,995.
14 Information technology	45,748.	27,905.	16,173.	1,670.
15 Royalties				
16 Occupancy	1,801,620.	1,660,057.	83,723.	57,840.
17 Travel	494,298.	489,538.	4,724.	36.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	209,054.	64,727.	132,730.	11,597.
20 Interest	243,122.	226,581.	7,777.	8,764.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	951,732.	901,142.	22,025.	28,565.
23 Insurance	81,206.	49,820.	29,461.	1,925.
24 Other expenses. Itemize expenses not covered 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 O.)				
a PROGRAM SUPPLIES	503,411.	441,565.	48,397.	13,449.
b RENTAL/MAINT. EQUIP	279,824.	164,602.	73,882.	41,340.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	14,181,389.	11,679,874.	1,709,627.	791,888.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

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

Part 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	13,391,274.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,181,389.
3	Revenue less expenses. Subtract line 2 from line 1	3	-790,115.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,975,412.
5	Net unrealized gains (losses) on investments	5	167,787.
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	19,353,084.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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 organization'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.
6 Public support. Subtract line 5 from line 4.						22607502.

Section B. Total Support

Calendar 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 instructions)					12	44,162,900.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	80.70 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	75.21 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II 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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt 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 purposes of supported organizations	
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 organization is responsive (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	

Section 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 (reasonable 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			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2014 AMOUNT: \$ 63,855.

2015 AMOUNT: \$ 52,751.

2016 AMOUNT: \$ 40,443.

2017 AMOUNT: \$ 43,947.

2018 AMOUNT: \$ 27,440.

GAIN ON DISPOSAL OF FIXED ASSETS

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 4,895.

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

COPY

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

BENDER JCC OF GREATER WASHINGTON

Employer identification number

53-0205921

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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).

Name of organization BENDER JCC OF GREATER WASHINGTON	Employer identification number 53-0205921
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>905,313.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>196,286.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>90,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization BENDER JCC OF GREATER WASHINGTON	Employer identification number 53-0205921
---	---

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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization BENDER JCC OF GREATER WASHINGTON	Employer identification number 53-0205921
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
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			
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			
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			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization **BENDER JCC OF GREATER WASHINGTON** Employer identification number **53-0205921**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(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		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,927,986.	8,292,199.	8,081,110.	8,202,708.	8,421,207.
b Contributions	42,184.	686,109.	42,945.	363,696.	58,942.
c Net investment earnings, gains, and losses	441,497.	544,350.	593,383.	-67,544.	127,401.
d Grants or scholarships					
e Other expenditures for facilities and programs	639,640.	570,364.	400,478.	395,230.	382,357.
f Administrative expenses	24,900.	24,308.	24,761.	22,520.	22,485.
g End of year balance	8,747,127.	8,927,986.	8,292,199.	8,081,110.	8,202,708.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 7.89 %
- b Permanent endowment 92.11 %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		28,532,335.	10,728,818.	17,803,517.
d Equipment		627,437.	400,595.	226,842.
e Other		1,648,110.	1,321,022.	327,088.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,357,447.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) UNITED JEWISH ENDOWMENT		
(B) FUND	3,948,540.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,948,540.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	135,320.
(3) DEPOSITS PAYABLE	128,900.
(4) DEFERRED COMPENSATION	44,176.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	308,396.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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.

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:		
a	Net unrealized gains (losses) on investments	2a	167,787.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	99,317.
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,500.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	20,500.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,391,274.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	14,260,206.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	99,317.
e	Add lines 2a through 2d	2e	99,317.
3	Subtract line 2e from line 1	3	14,160,889.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,500.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	20,500.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,181,389.

Part XIII Supplemental Information.

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

99,317.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 99,317.

COPY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DINNER OF CHAMPIONS	SPRING EVENT	NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	597,188.	206,259.	803,447.
	2	Less: Contributions	543,394.	179,223.	722,617.
	3	Gross income (line 1 minus line 2)	53,794.	27,036.	80,830.
Direct Expenses	4	Cash prizes	2,795.	267.	3,062.
	5	Noncash prizes			
	6	Rent/facility costs	34,885.		34,885.
	7	Food and beverages	13,807.	1,197.	15,004.
	8	Entertainment	3,085.	2,585.	5,670.
	9	Other direct expenses	21,967.	18,729.	40,696.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			99,317.
11	Net income summary. Subtract line 10 from line 3, column (d)			-18,487.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: MD
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **BENDER JCC OF GREATER WASHINGTON** Employer identification number **53-0205921**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2018)

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

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

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

PART I, LINE 2:

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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **BENDER JCC OF GREATER WASHINGTON**
 Employer identification number: **53-0205921**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

Part III Supplemental Information

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

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

BENDER JCC OF GREATER WASHINGTON

Employer identification number

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.

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

YOUTH ALSO HAD THE OPPORTUNITY TO PARTICIPATE IN OUR COMPREHENSIVE
CHILDREN'S DANCE CLASSES IN BALLET, TAP, JAZZ, HIP-HOP, AND MORE AND TO
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

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

Name of the organization BENDER JCC OF GREATER WASHINGTON	Employer identification number 53-0205921
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FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP OF THE CENTER IS DIVIDED INTO TWO CLASSIFICATIONS, 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

Name of the organization BENDER JCC OF GREATER WASHINGTON	Employer identification number 53-0205921
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INVOLVING THESE CONTRACTS, A CALL FOR POTENTIAL CONFLICTS 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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