

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2024

Open to Public Inspection

## A For the 2024 calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization Jewish Federation of Cincinnati		<b>D</b> Employer identification number 31-0537174
	Doing business as		<b>E</b> Telephone number (513) 985-1500
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	8499 Ridge Road		<b>G</b> Gross receipts \$ 36,231,818.
	City or town, state or province, country, and ZIP or foreign postal code Cincinnati, OH 45236		
<b>F</b> Name and address of principal officer: Danielle Minson same as C above		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: [www.jewishcincinnati.org](http://www.jewishcincinnati.org)

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: 1967 **M** State of legal domicile: OH

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: The Jewish Federation of Cincinnati brings our community together to care for Jews.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	36
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	36
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	75
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	400
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	28,468,408.	30,902,702.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,234,934.	2,439,486.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	490,920.	563,927.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,259.	5,170.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,204,521.	33,911,285.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,963,708.	19,619,412.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,362,708.	7,435,561.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	2,116,413.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,360,003.	3,370,947.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,686,419.	30,425,920.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4,518,102.	3,485,365.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	165,889,419.	192,354,060.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	26,446,537.	33,008,725.
		139,442,882.	159,345,335.

## 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.

<b>Sign Here</b>	Signature of officer <i>Danielle V. Minson</i>		Date 11/14/2025		
	Danielle Minson, CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name Paula Hume	Preparer's signature Paula Hume	Date 11/13/25	Check if self-employed <input type="checkbox"/>	PTIN P00537516
	Firm's name Barnes, Dennig & Co., LTD Firm's address 150 East Fourth Street Cincinnati, OH 45202			Firm's EIN 31-1119890 Phone no. (513) 241-8313	

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 [ ]

1 Briefly describe the organization's mission: The Jewish Federation of Cincinnati develops and connects leaders, contributors, organizations, and ideas to build an inclusive Jewish community that helps people in need, supports Israel, and assures a vibrant Jewish future.

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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 22,789,209. including grants of \$ 19,373,772. ) (Revenue \$ 582,955. ) The Federation conducts an annual fundraising campaign in the Greater Cincinnati area. After deducting estimated uncollectible pledges & administrative and fundraising costs, allocations are made to local and national beneficiary agencies. Commitments are made from the current year's campaign to these agencies.

4b (Code: ) (Expenses \$ 3,011,523. including grants of \$ ) (Revenue \$ 1,567,047. ) The Federation has a shared business service program where it provides accounting and human resource services to various Jewish agencies in the Cincinnati area.

4c (Code: ) (Expenses \$ 1,127,267. including grants of \$ 245,640. ) (Revenue \$ 289,484. ) The Federation administers a community program called SAFE Cincinnati, a community wide initiative to improve Jewish Cincinnati's readiness to deal with security threats and natural disasters.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 26,927,999.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

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 ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 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 17 regarding employee reporting, tax shelter transactions, and various organizational requirements.

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 on 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 Enter the number of voting members of the governing body at the end of the tax year (36); 1b Enter the number of voting members included on line 1a, above, who are independent (36); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH, KY, FL
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. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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
Erin Klein - 513-985-1500
8499 Ridge Road, Cincinnati, OH 45236

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Danielle Minson CEO	37.50			X			347,527.	0.	43,266.	
(2) Lindsey Wade COO	37.50				X		183,781.	0.	27,649.	
(3) David Harris Chief Development Officer	37.50				X		176,662.	0.	12,817.	
(4) Valerie Krueckeberg Managing Director, SBS	37.50				X		158,120.	0.	18,976.	
(5) Pam Geller Chief Marketing Officer	37.50					X	151,254.	0.	18,647.	
(6) Jim Friedman Director of Planned Giving & Endowme	37.50					X	137,472.	0.	27,340.	
(7) Felicia Zakem Chief Planning & Engagement Office	37.50					X	126,621.	0.	33,412.	
(8) Mark Dowd Director of SAFE Cincinnati	37.50					X	152,392.	0.	7,394.	
(9) Rita Altimari HR Director	37.50					X	125,550.	0.	22,446.	
(10) Debbie Brant Immediate Past President	1.00	X		X			0.	0.	0.	
(11) Elida Kamine Vice President - Exit 05/24	1.00	X		X			0.	0.	0.	
(12) Jim Salters Member - Exit 05/24	1.00	X					0.	0.	0.	
(13) Josh Blatt Chair	1.00	X		X			0.	0.	0.	
(14) Nancy Warren Member	1.00	X					0.	0.	0.	
(15) Sherri Symson Chair Elect	1.00	X		X			0.	0.	0.	
(16) Tedd Friedman Vice President	1.00	X		X			0.	0.	0.	
(17) Steve Baron Member	1.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Sharon Bramy Member - Exit 05/24	1.00	X						0.	0.	0.
(19) Elliot Draznin Member - Exit 05/24	1.00	X						0.	0.	0.
(20) Robert Fisher Vice President	1.00	X		X				0.	0.	0.
(21) Louis Goldner Member - Exit 05/24	1.00	X						0.	0.	0.
(22) Lara Isakov Member - Exit 05/24	1.00	X						0.	0.	0.
(23) Todd Schild Secretary/Treasurer	1.00	X		X				0.	0.	0.
(24) Shari Schulhoff Member - Exit 05/24	1.00	X						0.	0.	0.
(25) Mark Barsman Member	1.00	X						0.	0.	0.
(26) Julie Glazer Member	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,559,379.	0.	211,947.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,559,379.	0.	211,947.

**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 15

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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	NONE	(B) Description of services	(C) Compensation

**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 0

See Part VII, Section A Continuation sheets

**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 (check all that apply)						(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			
(27) Jim Heldman Member	1.00	X						0.	0.	0.
(28) Miriam Hodesh Vice President	1.00	X		X				0.	0.	0.
(29) Beth Miles Member	1.00	X						0.	0.	0.
(30) Sue Price Member	1.00	X						0.	0.	0.
(31) Vallie Freeman Vice President	1.00	X		X				0.	0.	0.
(32) Karen Goodman Vice President	1.00	X		X				0.	0.	0.
(33) Rabbi Sanford Kopnick Member	1.00	X						0.	0.	0.
(34) Abby Schwartz Member - Exit 05/24	1.00	X						0.	0.	0.
(35) Scot Joseph Member	1.00	X						0.	0.	0.
(36) Sam Shaffer Member - Exit 05/24	1.00	X						0.	0.	0.
(37) Brian Hertzman Member	1.00	X						0.	0.	0.
(38) Eliana Rantz Member - Exit 05/24	1.00	X						0.	0.	0.
(39) Ben Schneider Vice President	1.00	X		X				0.	0.	0.
(40) Don Shuller Vice President	1.00	X		X				0.	0.	0.
(41) Fred Heldman Member	1.00	X						0.	0.	0.
(42) Caroline Winstel Member	1.00	X						0.	0.	0.
(43) Kai Schneider Member	1.00	X						0.	0.	0.
(44) Whitney Fisch Member	1.00	X						0.	0.	0.
(45) Alyce Ellison Member	1.00	X						0.	0.	0.
(46) Chuck Kessel Member	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	30,902,702.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 13,695,542.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		30,902,702.				
Program Service Revenue	<b>2 a</b>	Shared Busin. Service	<b>Business Code</b>					
			900099	2,150,002.	2,150,002.			
	<b>b</b>	Safe Program Particip.	900099	289,484.	289,484.			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		2,439,486.					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		382,004.			382,004.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
					2,502,456.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	2,320,533.				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	181,923.				
	<b>d</b>	Net gain or (loss) .....		181,923.			181,923.	
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	Other Income	<b>Business Code</b>					
			900099	5,170.			5,170.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		5,170.					
<b>12</b>	<b>Total revenue.</b> See instructions .....		33,911,285.	2,439,486.	0.	569,097.		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	18,088,722.	18,088,722.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	1,490,890.	1,490,890.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	39,800.	39,800.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	968,798.	677,987.	85,854.	204,957.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	5,134,619.	3,589,810.	473,809.	1,071,000.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	213,880.	150,911.	12,359.	50,610.
<b>9</b> Other employee benefits .....	705,294.	497,647.	40,753.	166,894.
<b>10</b> Payroll taxes .....	412,970.	291,387.	23,862.	97,721.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	19,509.	12,501.	6,787.	221.
<b>c</b> Accounting .....	46,804.	29,991.	16,283.	530.
<b>d</b> Lobbying .....	123,578.	123,578.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	663,467.	380,742.	273,808.	8,917.
<b>12</b> Advertising and promotion .....	310,677.	113,767.	118,403.	78,507.
<b>13</b> Office expenses .....	166,601.	114,132.	42,151.	10,318.
<b>14</b> Information technology .....	647,144.	306,482.	84,041.	256,621.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	334,910.	210,881.	79,444.	44,585.
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	611,775.	505,655.	17,762.	88,358.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	166,752.	114,235.	42,189.	10,328.
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> Other expense	196,277.	134,461.	49,660.	12,156.
<b>b</b> Employee Training	61,687.	39,509.	8,836.	13,342.
<b>c</b> Subscription & Dues	21,766.	14,911.	5,507.	1,348.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	30,425,920.	26,927,999.	1,381,508.	2,116,413.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	12,995,528.	<b>2</b>	13,840,416.
	<b>3</b> Pledges and grants receivable, net .....	6,295,441.	<b>3</b>	9,577,853.
	<b>4</b> Accounts receivable, net .....	2,250,786.	<b>4</b>	942,158.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	440,000.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	456,966.	<b>9</b>	463,097.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,471,747.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,625,118.	998,798.	<b>10c</b> 846,629.
	<b>11</b> Investments - publicly traded securities .....	29,759,472.	<b>11</b>	36,833,523.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	107,865,144.	<b>12</b>	124,586,718.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,827,284.	<b>15</b>	5,263,666.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	165,889,419.	<b>16</b>	192,354,060.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,019,080.	<b>17</b>	6,783,376.
	<b>18</b> Grants payable .....	5,169,462.	<b>18</b>	5,349,624.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	13,817,995.	<b>21</b>	20,875,725.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	440,000.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	26,446,537.	<b>26</b>	33,008,725.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	82,741,390.	<b>27</b>	93,931,778.
	<b>28</b> Net assets with donor restrictions .....	56,701,492.	<b>28</b>	65,413,557.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	139,442,882.	<b>32</b>	159,345,335.
<b>33</b> Total liabilities and net assets/fund balances .....	165,889,419.	<b>33</b>	192,354,060.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	33,911,285.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	30,425,920.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,485,365.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	139,442,882.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	16,116,964.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	300,124.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	159,345,335.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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 on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	25,446,216.	21,726,557.	25,094,842.	29,353,408.	30,902,702.	132,523,725.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	25,446,216.	21,726,557.	25,094,842.	29,353,408.	30,902,702.	132,523,725.
<b>5</b> 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) .....						42,829,640.
<b>6 Public support.</b> Subtract line 5 from line 4.						89,694,085.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	25,446,216.	21,726,557.	25,094,842.	29,353,408.	30,902,702.	132,523,725.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	879,265.	255,726.	268,241.	351,406.	382,004.	2,136,642.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	31,784.	4,390.	2,489.	10,259.	5,170.	54,092.
<b>11 Total support.</b> Add lines 7 through 10						134,714,459.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	9,508,624.

**13 First 5 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**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	66.58 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	63.03 %

**16a 33 1/3% support test - 2024.** 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

**b 33 1/3% support test - 2023.** 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

**17a 10% -facts-and-circumstances test - 2024.** 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

**b 10% -facts-and-circumstances test - 2023.** 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

**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

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

14 First 5 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

**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:

Other Income

2021 Amount: \$ 4,390.  
 2022 Amount: \$ 2,489.  
 2023 Amount: \$ 10,259.  
 2024 Amount: \$ 5,170.

Workers Comp Refund

2020 Amount: \$ 31,784.

Part II, line 1

The 2023 column was amended to reflect additional income from a prior period adjustment.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization  Jewish Federation of Cincinnati	Employer identification number  31-0537174
---	--

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), 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), 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).

Name of organization  Jewish Federation of Cincinnati	Employer identification number  31-0537174
---	--

**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	<hr/> <hr/> <hr/>	\$ 7,401,392.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 3,187,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,063,245.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 644,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Jewish Federation of Cincinnati	Employer identification number  31-0537174
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**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
1	Stock _____ _____ _____	\$ 3,530,392.	12/01/24
3	Stock _____ _____ _____	\$ 1,063,245.	12/01/24
4	Stock _____ _____ _____	\$ 218,029.	12/01/24
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  Jewish Federation of Cincinnati	Employer identification number  31-0537174
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**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align:center;">Jewish Federation of Cincinnati</p>	Employer identification number (EIN) <p style="text-align:center;">31-0537174</p>
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC).  
If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2024

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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

Table with 4 columns: Question, (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and taxable amount.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

a) Used volunteer efforts to advocate for Jewish community security legislation on local, state, and national levels, including issuing calls to action to increase nonprofit security funding, adopting state and federal definitions of antisemitism, and ensuring Ohio universities adopt and enforce policies to combat antisemitism and bias b) We have two FTEs, who have--as a small component of their duties--worked to influence nat'l/state/local legislation. We have worked on the same matters as in (a). No money was spent. d) We sent digital notes to members and released public messages about our support for the items in (a) and (b). No money was spent. e) We digitally published the items in (d) on our digital platforms--this includes our website and social



**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization Jewish Federation of Cincinnati Employer identification number 31-0537174

**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	154	
2 Aggregate value of contributions to (during year)	15,405,821.	
3 Aggregate value of grants from (during year)	13,211,190.	
4 Aggregate value at end of year	55,522,312.	
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 checked="" 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 checked="" 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 (for example, 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?  Yes  No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

b Assets included in Form 990, Part X \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) (Rev. 12-2024)

**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 make 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 program
  - 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 in 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	73,852,841.	65,854,410.	78,189,288.	73,453,709.	64,202,735.
b Contributions	2,269,993.	2,212,783.	669,870.	1,118,865.	3,979,610.
c Net investment earnings, gains, and losses	10,058,259.	8,666,734.	-10,671,628.	6,818,621.	8,122,417.
d Grants or scholarships	3,150,635.	2,881,086.	2,333,120.	3,201,907.	2,851,053.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	83,030,458.	73,852,841.	65,854,410.	78,189,288.	73,453,709.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 39.0000 %
  - b Permanent endowment 43.0000 %
  - c Term endowment 18.0000 %
- 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:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     | X  |
- 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		114,587.		114,587.
b Buildings		1,132,244.	1,132,205.	39.
c Leasehold improvements		965,302.	510,963.	454,339.
d Equipment		2,247,749.	1,970,085.	277,664.
e Other		11,865.	11,865.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				846,629.

**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) Other investments	124,586,718.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	124,586,718.	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	50,328,373.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	16,116,964.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	385,965.	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>		16,502,929.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	33,825,444.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	85,841.	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>		85,841.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	33,911,285.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	30,425,920.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d	<b>2e</b>		0.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	30,425,920.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b	<b>4c</b>		0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	30,425,920.

**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 IV, line 2b:

The Federation regularly collaborates with other local Jewish agencies to facilitate their fundraising campaigns as well as serving as the custodian and manager of a pooled investment account in which other local Jewish agencies can hold endowments.

Part V, line 4:

Designated funds are for capital repairs and replacement for Jewish agencies. Term endowments are for education, awards and general support. Permanent endowment funds are used for education and general support.

Part X, Line 2:

The Federation is exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of Ohio law. However, the Federation is subject to federal income tax on any unrelated business taxable income.

The Federation's IRS Form 990 is subject to review and examination by federal and state authorities. The Federation believes it has appropriate support for any tax positions taken, and therefore, does not have any uncertain income tax positions that are material to the financial statement.

Part XI, Line 2d - Other Adjustments:

Change in beneficial int in trust	305,605.
Change on charitable gift annuities	36,493.



**SCHEDULE F  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization  Jewish Federation of Cincinnati	Employer identification number  31-0537174
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	1	Investment in foreign hedge funds or private equity.		102,146,272.
North America - Canada and Mexico, but not the United States	0	1	Investment in foreign hedge funds or private equity.		877,331.
Europe (Including Iceland & Greenland)	0	1	Investment in foreign hedge funds or private equity.		1,705,649.
<b>3 a</b> Subtotal .....	0	3			104,729,252.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	3			104,729,252.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt	Scholarship	6,250.	Electronic Fund/Wire Transfer	0.		
		Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt	Scholarship	8,000.	electronic Fund/Wire Transfer	0.		
		Canada	Scholarship	17,550.	Check	0.		
		Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt	Scholarship	14,250.	electronic Fund/Wire Transfer	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 4

3 Enter total number of other organizations or entities ..... 0



**Part IV Foreign Forms**

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

Schedule F (Form 990) (Rev. 12-2024)

**Part V Supplemental Information**

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

Part I, Line 2:

Scholarships used for educational organizations. Student follows up on progress annually.

Investment in foreign hedge funds or private equity funds are monitored by the investment committee.

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization Jewish Federation of Cincinnati Employer identification number 31-0537174

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Abilities First Foundation 4710 Timber Trail Dr Middletown, OH 45044	31-0620685	501 c 3	10,000.	0.			General Support
ACLU of Florida 4343 West Flagler Street Suite 400 Miami, FL 33134	23-7137529	501 c 3	15,000.	0.			General Support
Adath Israel Congregation 3201 East Galbraith Road Cincinnati, OH 45236	31-0537489	501 c 3	167,818.	0.			General Support
Admiral's Cove Foundation 200 Admirals Cove Boulevard Jupiter, FL 33477	59-3786373	501 c 3	33,100.	0.			General Support
Alzheimer's Association 225 N. Michigan Avenue, Floor 17 Chicago, IL 60601	13-3039601	501 c 3	44,100.	0.			General Support
American Friends of Magen David Adom - 20 West 36th Street Suite 1100 - New York, NY 10018	13-1790719	501 c 3	106,018.	0.			General Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 124.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Jewish Committee 165 E 56th St. New York , NY 10022	13-5563393	501 c 3	71,088.	0.			General Support
Art Academy of Cincinnati 1212 Jackson Street Cincinnati, OH 45202	31-1601569	501 c 3	6,500.	0.			General Support
ArtsWave 20 E Central Parkway, Suite 200 Cincinnati, OH 45202	31-0537138	501 c 3	30,600.	0.			General Support
Atara High School 6701 Elbrook Ave Cincinnati, OH 45237	88-3521785	501 c 3	17,211.	0.			General Support
Ballen Isles Charities Foundation 100 Ballennisles Cir Palm Beach Gardens, FL 33418-3822	45-2653459	501 c 3	6,000.	0.			General Support
Bellwether Enterprise 1375 E 9th Street #2400 Cleveland, OH 44114	85-1599996	501 c 3	10,000.	0.			General Support
Beth Israel Congregation 50 North Sixth Hamilton , OH 45011	31-0708269	501 c 3	14,000.	0.			General Support
Birthright Israel Foundation 711 Third Avenue 10th Floor New York, NY 10017	13-4092050	501 c 3	6,880.	0.			General Support
Boys & Girls Clubs of Cincinnati 600 Dalton Ave Cincinnati, OH 45203	81-1620541	501 c 3	63,750.	0.			General Support

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Camp Ashreinu 6700 Elbrook Avenue Cincinnati, OH 45237	31-1435998	501 c 3	44,500.	0.			General Support
Camp Chabad 1863 Section Road Cincinnati, OH 45237	31-0163231	501 c 3	28,160.	0.			General Support
Camp Livingston 8485 Ridge Road Cincinnati, OH 45236	31-6050765	501 c 3	302,615.	0.			General Support
Chabad Jewish Center of Blue Ash 3977 Hunt Road Cincinnati, OH 45236	22-3796223	501 c 3	72,608.	0.			General Support
Chabad of Key Biscayne, Inc. 101 Harbor Drive Key Biscayne, FL 33149	65-0976033	501 c 3	9,300.	0.			General Support
Chabad of Palm Beach Gardens 6100 PGA Blvd Palm Beach Gardens, FL 33418	20-5197484	501 c 3	9,300.	0.			General Support
Chicago Jewish Day School 3730 N California Ave Chicago, IL 60618	36-4437180	501 c 3	15,000.	0.			General Support
Children's Hospital Medical Center 3333 Burnet Ave Cincinnati, OH 45229	31-0833936	501 c 3	5,533.	0.			General Support
Christ Hospital Foundation 2139 Auburn Ave Cincinnati, OH 45219	26-4165492	501 c 3	8,150.	0.			General Support

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cincinnati Ballet Co., Inc 1555 Central Pkwy Cincinnati, OH 45214	31-6050354	501 c 3	32,100.	0.			General Support
Cincinnati Community Kollel PO Box 37145 Cincinnati, OH 45222	31-1426973	501 c 3	63,800.	0.			General Support
Cincinnati Country Day School 6905 Given Rd Cincinnati, OH 45243	31-0536970	501 c 3	19,950.	0.			General Support
Cincinnati Dreams Come True PO Box 42890 Cincinnati, OH 42890	31-1041392	501 c 3	5,100.	0.			General Support
Cincinnati Hebrew Day School 2222 Losantiville Road Cincinnati, OH 45237	31-0544741	501 c 3	216,756.	0.			General Support
Cincinnati Hillel 2615 Clifton Avenue Cincinnati, OH 45220	31-6068733	501 c 3	261,756.	0.			General Support
Cincinnati Opera Association 1243 Elm St. Cincinnati, OH 45202	31-0549044	501 c 3	6,000.	0.			General Support
Cincinnati Public Radio 1223 Central Pkwy Cincinnati, OH 45214-2834	31-1410636	501 c 3	7,310.	0.			General Support
Cincinnati Reds Community Fund 100 Joe Nuxhall Way Cincinnati, OH 45202	31-1790195	501 c 3	5,200.	0.			General Support

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cincinnati Sled Hockey 7588 Trailwind Dr Montgomery, OH 45242	85-3604639	501 c 3	10,000.	0.			General Support
Cincinnati Squash Academy 1308 Race Street Cincinnati, OH 45202	31-0537060	501 c 3	5,200.	0.			General Support
Cincinnati Symphony Orchestra 1241 Elm Street Cincinnati, OH 45202	31-0537080	501 c 3	5,950.	0.			General Support
Cincinnati USA Regional Chamber 3 E 4th St Cincinnati, OH 45202	23-7089617	501 c 3	10,000.	0.			General Support
CLAL - The National Jewish Center for Learning and Leadership - 440 Park Ave South - New York, NY 10016	23-7390358	501 c 3	20,000.	0.			General Support
Combined Jewish Philanthropies of Greater Boston, Inc. - 126 High St - Boston, MA 02110	04-2103559	501 c 3	10,000.	0.			General Support
Community Works West 110 Broadway Oakland, CA 94607	20-5278030	501 c 3	50,000.	0.			General Support
Congregation Beth Adam 10001 Loveland Maderia Road Loveland, OH 45140	31-0993285	501 c 3	15,100.	0.			General Support
Congregation Etz Chaim 1190 Indian Hills Pkwy Marietta, GA 30068	58-1245765	501 c 3	18,370.	0.			General Support

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Congregation Sha'arei Torah 2400 Section Road Cincinnati, OH 45237	45-1263585	501 c 3	62,060.	0.			General Support
Congregation Zichron Eliezer 2455A Section Road Cincinnati, OH 45237	20-5581301	501 c 3	17,766.	0.			General Support
Council on Jewish Elderly 3003 W Touhy Ave Chicago, IL 60645	36-2727597	501 c 3	5,500.	0.			General Support
Dror for the Wounded Foundation 450 Lexington Ave #839 New York, NY 10163	26-4528405	501 c 3	50,000.	0.			General Support
Easter Seals TriState 2901 Gilbert Ave Cincinnati, OH 45206	31-0873433	501 c 3	124,800.	0.			General Support
EquaSion 9830 Tollgate Montgomery, OH 45242	81-5350765	501 c 3	6,450.	0.			General Support
Feeding America Tampa Bay Inc 3624 Causeway Blvd Tampa, FL 33619-5194	59-2116576	501 c 3	8,000.	0.			General Support
Foundation of Jewish Unity 1763 E 10th St Brooklyn, NY 11223	30-6090402	501 c 3	5,750.	0.			General Support
FreeStore/FoodBank 1141 Central Parkway Cincinnati, OH 45202	23-7122205	501 c 3	62,504.	0.			General Support

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Friends of Bikur C'holin Ezrat 5014 16th Ave Brooklyn, NY 11204	27-1664693	501 c 3	8,600.	0.			General Support
Friends of Cincinnati College Preparatory Academy - 1425 Linn St - Cincinnati, OH 45214	88-2659424	501 c 3	20,000.	0.			General Support
Friends of United Hatzalah, Inc. 442 5th Avenue Suite 1866 New York, NY 10018	11-3533002	501 c 3	15,000.	0.			General Support
Golf Manor Synagogue 6442 Stover Avenue Cincinnati, OH 45237	31-0628603	501 c 3	14,600.	0.			General Support
Greenlight Fund Inc 120 St James Ave 6th Floor Boston, MA 02116	20-0407083	501 c 3	20,000.	0.			General Support
Hadassah Cincinnati Chapter PO Box 42396 Cincinnati, OH 45242	13-1656651	501 c 3	5,600.	0.			General Support
Halom House 4680 Hunt Road Cincinnati, OH 45242	31-1073702	501 c 3	75,100.	0.			General Support
Hamilton County Police Association 10500 Reading Road Cincinnati, OH 45241	31-0947524	501 c 3	8,600.	0.			General Support
Headcount Inc 104 West 29th Street 11th Floor New York, NY 10001	77-0626772	501 c 3	5,351.	0.			General Support

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIAS 411 5th Ave. Suite 1006 New York, NY 10016	13-5633307	501 c 3	5,100.	0.			General Support
Hillel Foundation at Miami University - 11 E. Walnut Street - Oxford, OH 45056	31-6068732	501 c 3	55,300.	0.			General Support
Hillel International 800 Eighth Street Washington, DC 20001	52-1844823	501 c 3	10,000.	0.			General Support
Hillel the Foundation for Jewish Campus Life - 912 Broadway Street - New Orleans, LA 70118	72-6031116	501 c 3	20,280.	0.			General Support
Impact Israel 200 Highland Ave Suite 301 Needam, MA 02494	22-3090463	501 c 3	5,400.	0.			General Support
Innocence Project of Florida 1100 East Park Ave Tallahassee, FL 32301	20-0210812	501 c 3	16,000.	0.			General Support
Isaac M, Wise Temple 8329 Ridge Road Cincinnati, OH 45236	31-0536987	501 c 3	93,855.	0.			General Support
Ish Festival 6144 Grand Vista Cincinnati, OH 45213	83-2433747	501 c 3	15,100.	0.			General Support
J.E.E.P. - Jewish Education for Everyone - 1995 Section Road - Cincinnati, OH 45237	20-4016862	501 c 3	12,627.	0.			General Support

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAFCO 4200 North University Dr Sunrise, FL 33351	46-4021099	501 c 3	6,900.	0.			General Support
Jewish Cemeteries of Greater Cincinnati - 3400 Montgomery Road - Cincinnati, OH 45207	38-3711514	501 c 3	89,460.	0.			General Support
Jewish Discovery Center 7587 Central Park Blvd. Mason, OH 45040	31-1566575	501 c 3	31,797.	0.			General Support
Jewish Family Service 9595 Kenwood Road, Suite 100 Cincinnati, OH 45242	31-0744786	501 c 3	929,273.	0.			General Support
Jewish Federations of North America - 25 Broadway STE1700 - New York, NY 10004-1010	13-1624240	501 c 3	1,860,357.	0.			General Support
Jewish Fertility Foundation, Inc. 1600 Parkwood Cir SE Suite 400 Atlanta, GA 30329	81-0789964	501 c 3	29,000.	0.			General Support
Jewish Federation of Palm Beach 4601 Community Drive West Palm Beach, FL 33417	59-0948696	501 c 3	10,000.	0.			General Support
Jewish National Fund 42 East 69th Street New York, NY 10021	13-1659627	501 c 3	84,873.	0.			General Support
Jewish United Fund of Metropolitan Chicago - 30 S Wells St - Chicago, IL 60606	36-2167034	501 c 3	27,500.	0.			General Support

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Johannesburg Jewish Helping Hand and Burial Society - 35 E Wacker Dr Suite 2900 #3000 - Chicago, IL 60601	86-2250058	501 c 3	50,000.	0.			General Support
Joint Distribution Committee 220 E 42nd St New York City, NY 10017-5835	13-1656634	501 c 3	27,710.	0.			General Support
Junior Achievement 644 Linn St Suite 1024 Cincinnati, OH 45203	32-0014307	501 c 3	18,250.	0.			General Support
Jupiter Hospital Medical Center 1210 S Old Dixie Hwy Jupiter, FL 33458	59-1460239	501 c 3	20,000.	0.			General Support
JVS Careers 4540 Cooper Rd, Suite 300 Cincinnati, OH 45242	26-2091358	501 c 3	366,000.	0.			General Support
Lighthouse Youth Services Inc 401 E McMillan St Cincinnati, OH 45206	23-7046229	501 c 3	10,250.	0.			General Support
Matthew 25 Ministries, Inc. 11060 Kenwood Rd Blue Ash, OH 45242-1816	31-1348100	501 c 3	10,100.	0.			General Support
Mayerson JCC 8485 Ridge Road Cincinnati, OH 45236	31-0536986	501 c 3	1,631,896.	0.			General Support
Montclair Elementary School PTA 1757 Mountain Blvd Oakland, CA 94611	94-6183886	501 c 3	20,000.	0.			General Support

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Moriah Congregation 200 Taub Dr Deerfield, IL 60015	36-2935511	501 c 3	7,500.	0.			General Support
Most Valuable Kids of Greater Cincinnati - 4623 Wesley Avenue, Suite F - Cincinnati, OH 45212	20-2984595	501 c 3	5,873.	0.			General Support
Nancy and David Wolf Holocaust and Humanity Center - 1301 Western Ave - Cincinnati, OH 45203	20-5090993	501 c 3	8,081,475.	0.			General Support
National Commission for Black Arts and Entertainment - 3 Glenview Pl - Cincinnati, OH 45205	92-1172641	501 c 3	8,500.	0.			General Support
New Israel Fund PO Box 70358 Philadelphia, PA 19176	94-2607722	501 c 3	11,920.	0.			General Support
NKU Foundation Lucas Administrative Center Ste 822 Highland Heights, KY 41099	23-7116528	501 c 3	6,500.	0.			General Support
Northern Hills Synagogue 5714 Fields Ertel Road Cincinnati, OH 45249	31-0673600	501 c 3	15,250.	0.			General Support
Ohioans to Stop Executions 9 E Long St Suite 201 Columbus, OH 43215	31-1269170	501 c 3	6,500.	0.			General Support
Pan Massachusetts Challenge Trust 77 Fourth Ave Needham, MA 02494	04-2746912	501 c 3	15,000.	0.			General Support

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pets In Need of Greater Cincinnati 520 W. Wyoming Avenue Cincinnati, OH 45215	45-5512473	501 c 3	51,000.	0.			General Support
Planned Parenthood of Southwest Ohio - 2314 Auburn Avenue - Cincinnati, OH 45219	31-0536688	501 c 3	24,050.	0.			General Support
Prostate Cancer Foundation 1250 Fourth Street Santa Monica, CA 90401	95-4418411	501 c 3	10,000.	0.			General Support
Richland County Foundation of Mansfield - 181 S Main St - Mansfield, OH 44902-7910	34-0872883	501 c 3	20,000.	0.			General Support
Rockdale Temple 8501 Ridge Road Cincinnati, OH 45236	31-0543299	501 c 3	51,592.	0.			General Support
Rockwern Academy 8401 Montgomery Road Cincinnati, OH 45236	31-0603959	501 c 3	517,882.	0.			General Support
Ronald McDonald House Charities of Greater Cincinnati - 350 Erkenbrecher Ave - Cincinnati, OH 45229	31-0965333	501 c 3	35,100.	0.			General Support
Saint Jude Childrens Hospital 501 St. Jude Place Memphis, TN 38105	62-0646012	501 c 3	9,000.	0.			General Support
Sanguine Smiths 1190 Towne Street Cincinnati, OH 45216	99-4234752	501 c 3	8,500.	0.			General Support

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Solomon Schechter Day School of Metropolitan Chicago - 3210 Dundee Rd - Northbrook, IL 60062	36-2493769	501 c 3	25,000.	0.			General Support
Summer Camp Opportunities Promote Education, Inc. - PO Box 5450 - Astoria, NY 11105	20-2772242	501 c 3	19,750.	0.			General Support
Talbert House 2600 Victory Parkway Cincinnati, OH 45206	31-0713350	501 c 3	9,000.	0.			General Support
Tampa Jewish Community Center 522 N Howard Ave Tampa, FL 33606	23-7182057	501 c 3	6,000.	0.			General Support
Temple Sholom 3100 Longmeadow Lane Cincinnati, OH 45236	31-0584318	501 c 3	17,110.	0.			General Support
Tender Mercies 27 W 12th Street Cincinnati, OH 45202	31-1137270	501 c 3	10,350.	0.			General Support
The Florida Holocaust Museum 55 5th Street S St. Petersburg, FL 33701	59-2981494	501 c 3	10,350.	0.			General Support
The Helping Israel Fund, Inc. 3010 N Military Trl Suite 318 Boca Raton, FL 33431	20-4981268	501 c 3	6,800.	0.			General Support
Union for Reform Judaism 633 3rd Ave Fl 7 New York City, NY 10017	13-1663143	501 c 3	5,180.	0.			General Support

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Ostomy Associations of America Inc - P.O Box 2293 - Biddeford, ME 04005	13-4310726	501 c 3	5,400.	0.			General Support
United Way of Greater Cincinnati PO Box 632711 Cincinnati, OH 45263	31-0537502	501 c 3	89,332.	0.			General Support
University of Cincinnati Department of Judaic Studies - P.O. Box 210140 - Cincinnati, OH 45221	31-6000989	501 c 3	10,000.	0.			General Support
University of Cincinnati Foundation - PO Box 210172 - Cincinnati, OH 45221	31-6000989	501 c 3	73,936.	0.			General Support
Valley Temple 145 Springfield Pike Cincinnati, OH 45215	31-0744533	501 c 3	14,000.	0.			General Support
Walnut Hills High School Alumni Foundation - 3250 Victory Pkwy - Cincinnati, OH 45207	31-1449932	501 c 3	17,460.	0.			General Support
WGUC 90.9 FM Cincinnati Public Radio - 2117 Dana Ave - Cincinnati, OH 45207	31-1410636	501 c 3	5,100.	0.			General Support
Yahad - In Unum Mid America 2444 Madison Rd Unit 1708 Cincinnati, OH 45208	84-2593527	501 c 3	6,000.	0.			General Support
YWCA of Hamilton County 244 Dayton St. Hamilton, OH 45011	31-0537167	501 c 3	55,000.	0.			General Support

Schedule I (Form 990)



**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
Israel Trip & Summer Camp Grants	498	1,252,954.	0.		
Scholarships	122	201,551.	0.		
Hebrew Free Loans	3	30,000.	0.		
Professional Development Grants	5	6,385.	0.		

**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:

Every agency/organization that requests funding from the Jewish Federation of Cincinnati completes a 25-question form about the outcomes of their program and the population served. They are also required to attach the following information:

A) Agency Mission Statement

B) Current listing of Agency's Board of Directors

C) IRS Letter indicating tax-exempt status

D) Projected program budget for fiscal year (including overhead) detailed by major line item. (if you are a United Way agency, you may submit their budget form)

E) Actual program budget for year or last completed fiscal year

F) Estimated program budget for the rest of the current fiscal year.

G) Explanation of what is included in overhead and how overhead is distributed to individual programs. (e.g. equal to \$'s to each program; same % of revenue to each program; same % of direct program expenses to each program; other)

H) Overall organization's corresponding fiscal year budget (attached to

**Part IV Supplemental Information**

each program application).

I) A copy of their audited financial statements from their most recently completed and immediately prior fiscal years (only submit one copy).

II. Councils made up of community volunteers make site visits to all of the local agencies/organizations that have applied for funding.

III. On the basis of the applications and site visits, every program is evaluated on a weighted point system that reflects the community priorities and the service expectations.

IV. Based on the point system scores and on the community priorities, funding recommendations are made by the Planning and Allocation Committee to the Board of Trustees.

V. The Board of Trustees of the Jewish Federation of Cincinnati approves all funding allocations.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization <b>Jewish Federation of Cincinnati</b>	Employer identification number <b>31-0537174</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	X
<b>2</b> 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? .....	<b>2</b>	X
<b>3</b> Indicate which, if any, of the following the 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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> 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 .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

**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 and/or 1099-NEC 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) Danielle Minson CEO	(i)	317,027.	30,500.	0.	16,031.	27,235.	390,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Lindsey Wade COO	(i)	183,781.	0.	0.	9,492.	18,157.	211,430.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) David Harris Chief Development Officer	(i)	176,662.	0.	0.	2,434.	10,383.	189,479.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Valerie Krueckeberg Managing Director, SBS	(i)	158,120.	0.	0.	7,959.	11,017.	177,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Pam Geller Chief Marketing Officer	(i)	151,254.	0.	0.	7,683.	10,964.	169,901.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Jim Friedman Director of Planned Giving & Endowme	(i)	127,472.	10,000.	0.	6,724.	20,616.	164,812.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Felicia Zakem Chief Planning & Engagement Office	(i)	126,621.	0.	0.	6,917.	26,495.	160,033.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Mark Dowd Director of SAFE Cincinnati	(i)	152,392.	0.	0.	7,394.	0.	159,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **Jewish Federation of Cincinnati**  
Employer identification number: **31-0537174**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	109	13,695,542. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Line 32b:

Hyde Park Wealth Management accepts and sells stock contributions on our behalf through Charles Schwab and Co, Inc.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization Jewish Federation of Cincinnati	Employer identification number 31-0537174
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Form 990, Part VI, Section A, line 2:

Tedd Friedman stated that a number of employees, officers and board members are clients of his law firm.

Form 990, Part VI, Section B, line 11b:

The 990 is reviewed by management and the Finance and Administration Committee. A public disclosure copy was subsequently provided to the Board of Directors before filing.

Form 990, Part VI, Section B, Line 12c:

Conflict of interest forms are sent out annually; results are compiled and reviewed for any possible disclosures.

Form 990, Part VI, Section B, Line 15:

Every three years, the Executive Committee, which is a board designated committee, reviews and sets the CEO's salary and benefit package. The Executive Committee reviews the Jewish Federation of North America's annual salary survey as well as holds conversations with several other Federations. Annually, the CEO is responsible for reviewing and setting all other top management salary and benefits. The CEO reviews the Jewish Federation of North America's annual salary survey. All items used in determining salary and benefits are documented and retained.

Form 990, Part VI, Section C, Line 19:

The organization's governing documents are available on the Ohio Secretary of State's website. The Code of Regulations is our governing document. The financial statements are available on the organization's website. The conflict of interest policy is available upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in CSV of life insurance	43,867.
Gain (loss) on charitable gift annuities	36,493.
Change in beneficial interest in trust	305,605.
Uncollectible Pledges	-85,841.
Total to Form 990, Part XI, Line 9	300,124.

Form 990, Part XII, Line 2c:

The Finance and Administration Committee oversees the audit and the process has not changed in the current year.

035640

SSR Document History

November 14, 2025

Delivered Date: November 13, 2025  
By: Jessica Geers(jgeers@barnesdennig.com)  
Status: USERSIGNED  
Transaction ID: KJNCF6A4AAYMXFAWJAVUU7WA8R

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-  Document created by Jessica Geers(jgeers@barnesdennig.com)  
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-  Additional document was e-signed by Danielle Minson(dminson@jfedcin.org)  
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