

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the **2012** calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEWISH FEDERATION OF GREATER SEATTLE		D Employer identification number 91-0575950
	Doing Business As		E Telephone number 206-443-5400
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2031 THIRD AVENUE		G Gross receipts \$ 10,058,512.
City, town, or post office, state, and ZIP code SEATTLE, WA 98121		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: KEITH DVORCHIK SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.JEWISHINSEATTLE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1960 M State of legal domicile: WA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO ENSURE A VIBRANT JEWISH COMMUNITY THAT IS CONNECTED LOCALLY, IN ISRAEL AND WORLDWIDE.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	45
	6 Total number of volunteers (estimate if necessary)	6	160
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	194,970.
b Net unrelated business taxable income from Form 990-T, line 34	7b	170,613.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,887,751.	4,833,194.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	508,097.	622,080.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,576,417.	1,995,803.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,087,646.	7,484,361.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,929,846.	4,535,359.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,140,613.	2,157,737.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,985.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 767,029.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,432,837.	1,112,234.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,510,281.	7,805,330.
19 Revenue less expenses. Subtract line 18 from line 12	5,577,365.	-320,969.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	51,637,813.	54,505,051.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,840,989.	7,732,735.
		44,796,824.	46,772,316.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ KEITH DVORCHIK, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JANE M. SEARING	Preparer's signature JANE M. SEARING	Date 05/12/14	Check if self-employed <input type="checkbox"/>	PTIN P00000565
	Firm's name ▶ CLARK NUBER, P.S.	Firm's EIN ▶ 91-1194016	Firm's address ▶ 10900 NE 4TH STREET, SUITE 1700 BELLEVUE, WA 98004		
			Phone no. 425-454-4919		

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 to any question in this Part III [X]

1 Briefly describe the organization's mission: JEWISH FEDERATION OF GREATER SEATTLE WORKS TO ENSURE A VIBRANT JEWISH COMMUNITY THAT IS CONNECTED LOCALLY, IN ISRAEL AND WORLDWIDE. WE RAISE FUNDS FOR A WIDE ARRAY OF VITAL NEEDS IN THE JEWISH COMMUNITY. WE CONNECT PEOPLE TO JEWISH OPPORTUNITIES, ISRAEL AND EACH OTHER- IN

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 \$ 1,493,375. including grants of \$ 1,493,375.) (Revenue \$) THE JEWISH FEDERATION OF GREATER SEATTLE WORKS TO ENSURE A VIBRANT JEWISH COMMUNITY THAT IS CONNECTED LOCALLY, IN ISRAEL AND WORLDWIDE. THROUGH FUNDS RAISED FROM ITS ANNUAL COMMUNITY CAMPAIGN, THE JEWISH FEDERATION SUPPORTS INITIATIVES AND INNOVATION THAT MEET THE EVER-CHANGING NEEDS OF OUR LOCAL JEWISH COMMUNITY. OUR GRANTS ARE FOCUSED ON FOUR IMPACT AREAS: 1) HELPING OUR LOCAL COMMUNITY IN NEED, 2) STRENGTHENING GLOBAL JEWRY, 3) EXPERIENCING JUDAISM: BIRTH TO GRADE 12, AND 4) BUILDING JEWISH COMMUNITY: POST GRADE 12.

4b (Code:) (Expenses \$ 2,130,942. including grants of \$ 1,768,630.) (Revenue \$ 1,429.) THE SEATTLE JEWISH COMMUNITY ENDOWMENT FUND SUPPORTS OUR DONORS AND THEIR DESIRE TO HAVE A LONG-TERM IMPACT ON THE COMMUNITY. WE AIM TO SUPPORT THE LONG-TERM WELL-BEING AND SUCCESS OF OUR COMMUNITY BY PROVIDING AN ARRAY OF STRATEGIC GIVING OPPORTUNITIES TO BEST MEET DONOR NEEDS AND INTERESTS. UNDER THE GOVERNANCE OF AN INVESTMENT COMMITTEE, WE WORK WITH A PROFESSIONAL INVESTMENT MANAGER TO INVEST THE ENDOWMENT COMMUNITY FUNDS. WE MAKE GRANTS FROM THESE FUNDS TO MEET EMERGENCY NEEDS, FUND INNOVATIVE PROJECTS, AND PROVIDE ONGOING SUPPORT TO ORGANIZATIONS AND PROGRAMS HERE IN SEATTLE AND AROUND THE WORLD.

4c (Code:) (Expenses \$ 2,497,810. including grants of \$ 1,273,354.) (Revenue \$ 620,651.) THE JEWISH FEDERATION OF GREATER SEATTLE OVERSEES COMMUNITY PLANNING AND FUND ALLOCATIONS; PROVIDES OUTREACH PROGRAMMING; WORKS WITH THE GOVERNMENT ON BEHALF OF SOCIAL SERVICE AGENCIES; ENHANCES INTERPERSONAL RELATIONSHIPS BETWEEN SEATTLE AND ISRAEL THROUGH THE TIPS PARTNERSHIP; AND PROVIDES COMMUNITY SECURITY THROUGH SAFE WASHINGTON. WE PROVIDE SERVICES IN THE FIELD OF EDUCATION AS A CENTRAL RESOURCE FOR PROFESSIONAL DEVELOPMENT FOR TEACHERS AND ADMINISTRATORS IN CONGREGATIONAL SUPPLEMENTARY SCHOOLS, EARLY CHILDHOOD CENTERS, AND DAY SCHOOLS.

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

4e Total program service expenses 6,122,127.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response to any question 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; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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?; 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?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 WA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
Own website Another's website [X] Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
JEAN CALLAHAN - 206-443-5400
2031 THIRD AVENUE, SEATTLE, WA 98121

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACK ALMO AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(2) JERRY ANCHES TREASURER/F&A CHAIR	5.00 0.00	X		X				0.	0.	0.
(3) HELENE BEHAR AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(4) SHELLEY BENSUSSEN BOARD CHAIR	30.00 0.50	X		X				0.	0.	0.
(5) CARL BIANCO VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(6) SARAH BODEN AT-LARGE MEMBER	3.00 0.00	X						0.	0.	0.
(7) CELIE BROWN COMMUNITY CAMPAIGN CHAIR	20.00 0.00	X						0.	0.	0.
(8) ZANE BROWN, JR. SECRETARY	1.00 0.00	X		X				0.	0.	0.
(9) MARSHALL BRUMER AT-LARGE MEMBER	1.00 0.00	X						0.	0.	0.
(10) ANDREW COHEN AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(11) MICHAEL DICKSTEIN AT-LARGE MEMBER	1.00 0.00	X						0.	0.	0.
(12) ROB DOLIN AT-LARGE MEMBER	1.00 0.00	X						0.	0.	0.
(13) DAVID ELLENHORN CHAIR'S APPOINTEE TO EXEC.COM	1.00 0.50	X						0.	0.	0.
(14) DON ETSEKSON AT-LARGE MEMBER	1.00 0.00	X						0.	0.	0.
(15) LISA FEIN AT-LARGE MEMBER	1.00 0.00	X						0.	0.	0.
(16) PETER HORVITZ JTNEWS CHAIR	2.00 0.00	X						0.	0.	0.
(17) DAVID ISENBERG AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HAL JACKSON AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(19) RON LEIBSOHN IMMED PAST CHAIR/GOV CHAIR	3.00 0.00	X						0.	0.	0.
(20) STEPHEN LOEB VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(21) JORDAN LOTT AT-LARGE MEMBER	1.00 0.00	X						0.	0.	0.
(22) DAN LOWEN PAC CHAIR	4.00 0.00	X						0.	0.	0.
(23) DEBRA MAILMAN AT-LARGE MEMBER	4.00 0.00	X						0.	0.	0.
(24) NAOMI NEWMAN WOMENS PHILANTHROPY CHAIR	1.00 0.00	X						0.	0.	0.
(25) PHIL ROBERTS AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(26) COREY SALKA CJP CHAIR	1.00 0.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								646,219.	0.	54,169.
d Total (add lines 1b and 1c)								646,219.	0.	54,169.

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 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	845,478.			
	d Related organizations	1d	75,000.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,912,716.			
	g Noncash contributions included in lines 1a-1f: \$		807,478.			
	h Total. Add lines 1a-1f		4,833,194.			
	Program Service Revenue	2 a PROJECT REVENUE	Business Code 900099	622,080.	622,080.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			622,080.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,023,640.		828,670.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	48,659.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	48,659.			
	d Net rental income or (loss)		48,659.		48,659.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	3,393,387.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	2,416,312.	4,912.		
		c Gain or (loss)	977,075.	-4,912.		
	d Net gain or (loss)		972,163.		972,163.	
	8 a Gross income from fundraising events (not including \$ 845,478. of contributions reported on line 1c). See Part IV, line 18	a	43,577.			
		b Less: direct expenses	152,927.			
c Net income or (loss) from fundraising events			-109,350.		-109,350.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MANAGEMENT FEES		900099	71,900.		71,900.	
	b PARKING	812930	19,142.		19,142.	
	c OTHER INCOME	900099	2,933.		2,933.	
	d All other revenue					
	e Total. Add lines 11a-11d		93,975.			
12 Total revenue. See instructions.		7,484,361.	622,080.	194,970.	1,834,117.	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	4,129,981.	4,129,981.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	405,378.	405,378.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	700,388.	169,029.	396,042.	135,317.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,202,652.	640,508.	199,924.	362,220.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	122,450.	64,026.	19,584.	38,840.
10 Payroll taxes	132,247.	57,036.	40,190.	35,021.
11 Fees for services (non-employees):				
a Management				
b Legal	21,709.	13,145.	6,824.	1,740.
c Accounting	76,779.	46,491.	24,133.	6,155.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	69,537.		69,537.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	101,729.	61,599.	31,975.	8,155.
12 Advertising and promotion	40,850.	4,331.	12,752.	23,767.
13 Office expenses	135,138.	52,842.	28,014.	54,282.
14 Information technology	52,666.	33,461.	12,191.	7,014.
15 Royalties				
16 Occupancy	93,496.	78,126.	-2,440.	17,810.
17 Travel	28,102.	19,056.	3,857.	5,189.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	90,554.	48,519.	17,113.	24,922.
20 Interest	6,940.	6,200.	354.	386.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	140,174.	72,890.	33,642.	33,642.
23 Insurance	29,169.	10,218.	14,235.	4,716.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TAXES AND LICENSES	84,703.	75,570.	4,649.	4,484.
b ENDOWMENT ADMIN FEES	78,370.	78,370.		
c DUES & SUBSCRIPTIONS	53,680.	52,858.	465.	357.
d INKIND EXPENSES	5,864.	15.	2,991.	2,858.
e All other expenses	2,774.	2,478.	142.	154.
25 Total functional expenses. Add lines 1 through 24e	7,805,330.	6,122,127.	916,174.	767,029.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	214,104.	1	522,240.
	2 Savings and temporary cash investments	4,565,170.	2	4,568,902.
	3 Pledges and grants receivable, net	3,357,367.	3	1,961,049.
	4 Accounts receivable, net	43,427.	4	58,044.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	17,385.	7	12,434.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	76,554.	9	87,045.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,597,993.		
	b Less: accumulated depreciation	10b 1,429,166.	2,269,934.	10c 2,168,827.
	11 Investments - publicly traded securities	34,530,756.	11	38,578,460.
	12 Investments - other securities. See Part IV, line 11	1,578,190.	12	1,577,941.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,984,926.	15	4,970,109.
16 Total assets. Add lines 1 through 15 (must equal line 34)	51,637,813.	16	54,505,051.	
Liabilities	17 Accounts payable and accrued expenses	286,143.	17	243,853.
	18 Grants payable	2,245,319.	18	2,226,460.
	19 Deferred revenue		19	100,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	2,903,259.	21	3,700,562.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,406,268.	25	1,461,860.
	26 Total liabilities. Add lines 17 through 25	6,840,989.	26	7,732,735.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	27,832,090.	27	29,145,280.
	28 Temporarily restricted net assets	16,642,199.	28	17,304,501.
	29 Permanently restricted net assets	322,535.	29	322,535.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	44,796,824.	33	46,772,316.	
34 Total liabilities and net assets/fund balances	51,637,813.	34	54,505,051.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,484,361.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,805,330.
3	Revenue less expenses. Subtract line 2 from line 1	3	-320,969.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,796,824.
5	Net unrealized gains (losses) on investments	5	2,576,582.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-280,121.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	46,772,316.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization JEWISH FEDERATION OF GREATER SEATTLE	Employer identification number 91-0575950
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,375,884.	6,271,594.	6,405,702.	10,887,751.	4,833,194.	35,774,125.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,375,884.	6,271,594.	6,405,702.	10,887,751.	4,833,194.	35,774,125.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,061,248.
6 Public support. Subtract line 5 from line 4.						28,712,877.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	7,375,884.	6,271,594.	6,405,702.	10,887,751.	4,833,194.	35,774,125.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,120,205.	842,288.	783,798.	1,353,998.	877,329.	4,977,618.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	67,129.	141,609.	99,904.	90,516.	62,237.	461,395.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	33,764.	97,785.	81,044.	73,156.	1,958.	287,707.
11 Total support. Add lines 7 through 10						41,500,845.
12 Gross receipts from related activities, etc. (see instructions)					12	2,811,698.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	69.19 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	69.77 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

REFUNDS & REIMBURSEMENTS

2008 AMOUNT: \$ 33,764.

2009 AMOUNT: \$ 99,578.

2010 AMOUNT: \$ 67,559.

2011 AMOUNT: \$ 46,800.

2012 AMOUNT: \$ 1,958.

OTHER INCOME

2009 AMOUNT: \$ -1,793.

2010 AMOUNT: \$ 13,485.

2011 AMOUNT: \$ 26,356.

2012 AMOUNT: \$ 0.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2012

Name of the organization

JEWISH FEDERATION OF GREATER SEATTLE

Employer identification number

91-0575950

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization JEWISH FEDERATION OF GREATER SEATTLE	Employer identification number 91-0575950
--	--

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		\$ 265,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 208,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 131,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization JEWISH FEDERATION OF GREATER SEATTLE	Employer identification number 91-0575950
--	--

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
7		\$ 106,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 529,066.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 425,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization JEWISH FEDERATION OF GREATER SEATTLE	Employer identification number 91-0575950
--	--

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

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

Name of organization JEWISH FEDERATION OF GREATER SEATTLE	Employer identification number 91-0575950
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2012

Open to Public
Inspection

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

If the organization answered "Yes," to 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 B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of organization <p style="text-align: center;">JEWISH FEDERATION OF GREATER SEATTLE</p>	Employer identification number <p style="text-align: center;">91-0575950</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 expenditures ▶ \$ _____
- 3 Volunteer hours _____

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 employer identification number (EIN) 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 or 990-EZ) 2012

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	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.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		1,821.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		95,928.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			97,749.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1:

EDUCATE LEGISLATORS AND ADVOCATES ON BEHALF OF LEGISLATION THAT IS OF

CONCERN TO THE JEWISH COMMUNITY, PRINCIPALLY FOCUSING ON HUMAN AND

SOCIAL SERVICES OR CURRENT AND POTENTIAL GOVERNMENT SERVICES PROVIDED

TO JEWISH COMMUNITY AGENCIES. ALSO WORK DIRECTLY WITH JEWISH FEDERATION

COMMITTEES ON ISSUES RELATED TO DOMESTIC AFFAIRS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

JEWISH FEDERATION OF GREATER SEATTLE

Employer identification number

91-0575950

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (lines 2a-2d), and questions 3-9 regarding monitoring and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a regarding reporting and amounts.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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? 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" to 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	364,472.	373,122.	321,369.	705,342.	885,113.
b Contributions				5,000.	6,154.
c Net investment earnings, gains, and losses	34,631.	2,214.	65,355.	133,480.	-171,847.
d Grants or scholarships	10,405.	10,864.	13,602.		
e Other expenditures for facilities and programs				522,453.	14,078.
f Administrative expenses					
g End of year balance	388,698.	364,472.	373,122.	321,369.	705,342.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 82.98 %
- c Temporarily restricted endowment 17.02 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment. 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		128,000.		128,000.
b Buildings		2,807,393.	1,033,924.	1,773,469.
c Leasehold improvements				
d Equipment		461,430.	395,242.	66,188.
e Other		201,170.		201,170.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,168,827.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTERFUND RECEIVABLE	391.
(2) BENEFICIAL INTEREST IN CHARITABLE LEAD ANNUITY TRUST	4,969,718.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,970,109.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER SPLIT INTEREST AGREEMENT	1,437,829.
(3) CAPITAL LEASE PAYABLE	24,031.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,461,860.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

Part XIII Supplemental Information

Complete this part to 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: GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP)

REQUIRES THAT IF A NOT-FOR-PROFIT ORGANIZATION ESTABLISHES A DESIGNATED

FUND AT A FEDERATED FUNDRAISING ORGANIZATION WITH ITS OWN FUNDS AND

SPECIFIES ITSELF OR ITS AFFILIATE AS THE BENEFICIARY OF THAT DESIGNATED

FUND, THE FEDERATED FUNDRAISING ORGANIZATION MUST ACCOUNT FOR THE TRANSFER

OF SUCH ASSETS AS IF IT IS HOLDING THE FUNDS AS AN AGENT OF THE DONOR.

ACCORDINGLY, THE TRANSFER IS INCLUDED IN THE FEDERATION'S ASSETS AND AN

OFFSETTING LIABILITY IS CREATED IN AN AMOUNT EQUAL TO THE PRESENT VALUE OF

Part XIII Supplemental Information *(continued)*

FUTURE PAYMENTS EXPECTED TO BE MADE TO THE DESIGNATED BENEFICIARY.

PART V, LINE 4: WE INTEND TO USE THE FUNDS TO MAKE GRANTS FOR FUTURE

NEEDS OF THE JEWISH FEDERATION OF GREATER SEATTLE AND OTHER CHARITABLE,

RELIGIOUS AND EDUCATIONAL ORGANIZATIONS.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		COMMUNITY KICKOFF EVENT	CONNECTIONS EVENT	1	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	659,084.	125,397.	104,574.	889,055.
	2 Less: Contributions	637,236.	106,341.	101,901.	845,478.
	3 Gross income (line 1 minus line 2)	21,848.	19,056.	2,673.	43,577.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,500.	3,522.		8,022.
	7 Food and beverages	57,878.	25,401.	2,673.	85,952.
	8 Entertainment	9,913.	7,855.		17,768.
	9 Other direct expenses	24,024.	14,755.	2,406.	41,185.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(152,927)
	11 Net income summary. Combine line 3, column (d), and line 10				-109,350.

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

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

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

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

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **JEWISH FEDERATION OF GREATER SEATTLE** Employer identification number **91-0575950**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC. (SEATTLE) - 2120 1ST AVENUE N - SEATTLE, WA 98109	84-1316555	501(C)(3)	10,500.	0.			OPERATIONS SUPPORT
AMERICAN CANCER SOCIETY INC. (TACOMA) - 1313 BROADWAY, SUITE 100 - TACOMA, WA 98402	13-1788491	501(C)(3)	5,250.	0.			OPERATIONS SUPPORT
AMERICAN FRIENDS OF LEKET ISRAEL PO BOX 2090 TEANECK, NJ 07666	20-8202424	501(C)(3)	21,500.	0.			OPERATIONS SUPPORT
AMERICAN JEWISH COMMITTEE 1402 3RD AVENUE, SUITE 405 SEATTLE, WA 98101	13-5563393	501(C)(3)	6,350.	0.			OPERATIONS SUPPORT
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - 711 3RD AVENUE, 10TH FLOOR - NEW YORK, NY 10017	13-1656634	501(C)(3)	47,000.	0.			OPERATIONS SUPPORT
AMERICAN SUPPORTERS OF YEDID 1275 1ST AVENUE #128 NEW YORK, NY 10065	20-0426364	501(C)(3)	17,500.	0.			OPERATIONS SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **54.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMIT CHILDREN INC 817 BROADWAY NEW YORK, NY 10003	13-5631502	501(C)(3)	12,000.	0.			OPERATIONS SUPPORT
BBO INC. (MERCER ISLAND) 3801 EAST MERCER WAY MERCER ISLAND, WA 98040	31-1794932	501(C)(3)	20,250.	0.			OPERATIONS SUPPORT
B'NAI B'RITH MEN'S CAMP ASSOCIATION - 9400 SW BEAVERTON HILLSDALE HWY, STE. 147 - BEAVERTON, OR 97005	91-1842787	501(C)(3)	19,636.	0.			OPERATIONS SUPPORT
CHABAD-LUBAVITCH OF GREATER SEATTLE - 12510 33RD AVENUE NE STE 202 - SEATTLE, WA 98125	23-7416988	501(C)(3)	11,000.	0.			OPERATIONS SUPPORT
CHILDREN AND YOUTH JUSTICE CENTER 615 2ND AVENUE, SUITE 275 SEATTLE, WA 98104	20-4457248	501(C)(3)	100,000.	0.			OPERATIONS SUPPORT
COLLEGE SUCCESS FOUNDATION 1605 NW SAMMAMISH ROAD, SUITE 200 ISSAQUAH, WA 98027	91-2036088	501(C)(3)	11,750.	0.			OPERATIONS SUPPORT
CONGREGATION BETH ISRAEL 2200 BROADWAY BELLINGHAM, WA 98225	91-6035133	501(C)(3)	8,000.	0.			OPERATIONS SUPPORT
CONGREGATION EZRA BESSAROTH 5217 S BRANDON STREET SEATTLE, WA 98118	91-0246244	501(C)(3)	20,741.	0.			OPERATIONS SUPPORT
EASTERN EUROPEAN COUNSELING CENTER 14205 SE 36TH STREET #139 BELLEVUE, WA 98006	26-3086358	501(C)(3)	10,000.	0.			OPERATIONS SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMDR HUMANITARIAN ASSISTANCE PROGRAMS, INC. - 2911 DIXWELL AVENUE, STE 201 - HAMDEN, CT 06518	33-0049051	501(C)(3)	20,500.	0.			OPERATIONS SUPPORT
FRED HUTCHINSON CANCER RESEARCH CENTER - 1101 FAIRVIEW AVENUE N, DEPT. J5-200 - SEATTLE, WA 98109	23-7156071	501(C)(3)	64,500.	0.			OPERATIONS SUPPORT
GREATER LAKES MENTAL HEALTH FOUNDATION, INC. - 9330 59TH AVENUE SW - LAKEWOOD, WA 98499	91-6064184	501(C)(3)	25,000.	0.			OPERATIONS SUPPORT
HEARING, SPEECH & DEAFNESS CENTER 1625 19TH AVENUE SEATTLE, WA 98122	91-0681207	501(C)(3)	5,030.	0.			OPERATIONS SUPPORT
HERZL NER TAMID CONGREGATION 3700 E MERCER WAY MERCER ISLAND, WA 98040	91-0254210	501(C)(3)	86,425.	0.			OPERATIONS SUPPORT
HILLEL FOUNDATION FOR JEWISH LIFE AT UW - 4745 17TH AVENUE NE - SEATTLE, WA 98105	91-6067231	501(C)(3)	188,319.	0.			OPERATIONS SUPPORT
HILLEL OF WESTERN WASHINGTON UNIVERSITY - 456 14TH STREET - BELLINGHAM, WA 98225	91-1985903	501(C)(3)	6,000.	0.			OPERATIONS SUPPORT
HOPE FOR HEROISM 270 S HANFORD STREET, SUITE. 207 SEATTLE, WA 98134	91-2105756	501(C)(3)	5,400.	0.			OPERATIONS SUPPORT
JEWISH DAY SCHOOL OF METROPOLITAN SEATTLE - 15749 NE 4TH STREET - BELLEVUE, WA 98008	91-1085790	501(C)(3)	113,796.	0.			OPERATIONS SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICE - SEATTLE 1601 16TH AVENUE SEATTLE, WA 98122	91-0565537	501(C)(3)	493,905.	0.			OPERATIONS SUPPORT
KLINE GALLAND CENTER 1200 UNIVERSITY STREET SEATTLE, WA 98101	91-1154904	501(C)(3)	256,282.	0.			OPERATIONS SUPPORT
KOL HANESHAMAH 6115 SW HINDS STREET SEATTLE, WA 98116	20-0032354	501(C)(3)	15,000.	0.			OPERATIONS SUPPORT
MARSHA RIVKIN CENTER FOR OVARIAN CANCER RESEARCH - 801 BROADWAY, SUITE. 701 - SEATTLE, WA 98122	91-2054035	501(C)(3)	11,180.	0.			OPERATIONS SUPPORT
MENACHEM MENDEL SEATTLE CHEDER 8511 15TH AVENUE NE SEATTLE, WA 98115	91-1962749	501(C)(3)	16,218.	0.			OPERATIONS SUPPORT
MUSEUM OF FLIGHT FOUNDATION 9404 E MARGINAL WAY S SEATTLE, WA 98108	91-0785826	501(C)(3)	7,000.	0.			OPERATIONS SUPPORT
NATIONAL CONFERENCE OF SYNAGOGUE YOUTH - 6222 CHATHAM DRIVE S - SEATTLE, WA 98118	13-5623717	501(C)(3)	12,049.	0.			OPERATIONS SUPPORT
NEW ISRAEL FUND 2100 M STREET NW, SUITE 619 WASHINGTON, DC 20037	94-2607722	501(C)(3)	10,000.	0.			OPERATIONS SUPPORT
NORTHWEST KIDNEY CENTERS 700 BROADWAY SEATTLE, WA 98122	91-6057438	501(C)(3)	10,000.	0.			OPERATIONS SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST YESHIVA HIGH SCHOOL 5017 90TH AVENUE SE MERCER ISLAND, WA 98040	91-1045815	501(C)(3)	77,166.	0.			OPERATIONS SUPPORT
PEF ISRAEL ENDOWMENT FUND INC. 317 MADISON AVENUE, SUITE 607 NEW YORK, NY 10017	13-6104086	501(C)(3)	12,800.	0.			OPERATIONS SUPPORT
SEATTLE ASSOCIATION FOR JEWS WITH DISABILITIES - 1601 16TH AVENUE - SEATTLE, WA 98122	91-1379457	501(C)(3)	21,970.	0.			OPERATIONS SUPPORT
SEATTLE HEBREW ACADEMY 1617 INTERLAKEN DRIVE E SEATTLE, WA 98112	91-0581660	501(C)(3)	87,914.	0.			OPERATIONS SUPPORT
SEATTLE JEWISH COMMUNITY SCHOOL 12351 8TH AVENUE NE SEATTLE, WA 98125	91-1484966	501(C)(3)	100,336.	0.			OPERATIONS SUPPORT
STANFORD UNIVERSITY - GRADUATE SCHOOL OF BUSINESS - PO BOX 20466 - STANFORD, CA 94309	94-1156365	501(C)(3)	10,000.	0.			OPERATIONS SUPPORT
STROUM JEWISH COMMUNITY CENTER 3801 E MERCER WAY MERCER ISLAND, WA 98040	91-0635236	501(C)(3)	353,709.	0.			OPERATIONS SUPPORT
SWEDISH MEDICAL CENTER FOUNDATION 747 BROADWAY SEATTLE, WA 98122	91-0983214	501(C)(3)	21,500.	0.			OPERATIONS SUPPORT
TEAMCHILD 1225 SOUTH WELER STREET, SUITE 42 SEATTLE, WA 98144	91-1930194	501(C)(3)	20,000.	0.			OPERATIONS SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE BETH EL 5975 S. 12TH STREET TACOMA, WA 98465	91-6016911	501(C)(3)	104,655.	0.			OPERATIONS SUPPORT
TEMPLE DE HIRSCH SINAI 1511 EAST PIKE STREET SEATTLE, WA 98122	91-0437430	501(C)(3)	77,036.	0.			OPERATIONS SUPPORT
THE FRIENDSHIP CIRCLE 2737 77TH AVENUE SE MERCER ISLAND, WA 98040	91-2173196	501(C)(3)	69,250.	0.			OPERATIONS SUPPORT
THE JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004	13-1624240	501(C)(3)	962,067.	0.			OPERATIONS SUPPORT
THE WEXNER FOUNDATION 8000 WALTON PARKWAY, SUITE 110 NEW ALBANY, OH 43054	23-7320631	501(C)(3)	175,000.	0.			OPERATIONS SUPPORT
TORAH DAY SCHOOL OF SEATTLE 3528 S FERDINAND STREET SEATTLE, WA 98118	73-1652321	501(C)(3)	13,770.	0.			OPERATIONS SUPPORT
UNION GOSPEL MISSION OF GRAYS HARBOR - PO BOX 859 - ABERDEEN, WA 98520	91-0580853	501(C)(3)	6,900.	0.			OPERATIONS SUPPORT
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 98104	91-0565555	501(C)(3)	50,400.	0.			OPERATIONS SUPPORT
UNIVERSITY OF WASHINGTON FOUNDATION - UW TOWER, BOX 359505 - SEATTLE, WA 98195	94-3079432	501(C)(3)	23,659.	0.			OPERATIONS SUPPORT, JEWISH STUDIES PROGRAM SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON STATE HOLOCAUST EDUCATION RESOURCE CENTER - 2031 THIRD AVENUE - SEATTLE, WA 98121	91-1464233	501(C)(3)	51,958.	0.			OPERATIONS SUPPORT
WASHINGTON STATE JEWISH HISTORICAL SOCIETY - 2031 THIRD AVENUE - SEATTLE, WA 98121	91-1099052	501(C)(3)	23,900.	0.			OPERATIONS SUPPORT

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance
SCHOLARSHIPS FOR JEWISH EDUCATION INCLUDING DOMESTIC AND INTERNATIONAL CAMPS, PROFESSIONAL DEVELOPMENT AND ISRAEL PROGRAMS FOR TEENS AND YOUNG ADULTS.	452	405,378.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: JEWISH FEDERATION OF GREATER SEATTLE (JFGS)

VERIFIES THAT ALL ORGANIZATIONS APPLYING FOR GRANTS HAVE A CURRENT

501(C)(3) STATUS WITH THE IRS. IN CERTAIN CASES, JFGS REQUIRES PERIODIC

REPORTING FROM THE GRANTEE ON THE PROGRESS OF ESSENTIAL PROGRAMS AND

PROJECTS.

**SCHEDULE J
(Form 990)**

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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

JEWISH FEDERATION OF GREATER SEATTLE

Employer identification number

91-0575950

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in 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</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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 in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD FRUCHTER PRESIDENT & CEO THRU 9/2012	(i)	203,844.	0.	44,041.	2,729.	24,171.	274,785.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NANCY GREER COO/INTERIM CEO	(i)	145,000.	15,000.	0.	1,521.	8,648.	170,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A: THERE WAS A SEVERANCE AGREEMENT OF \$42,970 PAID TO

RICHARD FRUCHTER, CEO, AND AMY WASSER-SIMPSON, VICE PRESIDENT, FOR \$23,000

DURING THE CALENDAR YEAR.

PART I, LINE 7: THE PERSONNEL COMMITTEE OR CEO REVIEWS AND DETERMINES

ANY ANNUAL BONUSES AWARDED AND THE BOARD CHAIR APPROVES THEM. THE BONUS

REPORTED IN SCHEDULE J, PART II REPRESENTS NON-FIXED COMPENSATION AMOUNTS

PAID DURING THE YEAR.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **JEWISH FEDERATION OF GREATER SEATTLE** Employer identification number **91-0575950**

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	65	779,975.	MARKET QUOTATION
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 ▶ (<u>GOODS & FOODS</u>)	X	32	27,503.	VENDOR PRICE
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 IV, Donee Acknowledgement **29** 1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Complete this part to 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, COLUMN (B): THE NUMBER IN SCHEDULE M, PART I,

COLUMN B IS BASED ON THE NUMBER OF CONTRIBUTIONS RECEIVED DURING THE

YEAR.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

JEWISH FEDERATION OF GREATER SEATTLE

Employer identification number

91-0575950

FORM 990 PART I LINE 6:

VOLUNTEERS SERVED ON THE BOARD OF DIRECTORS, VARIOUS COMMITTEES AND

ASSISTED WITH PROGRAMS AND FUNDRAISING.

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

PERSON, ONLINE AND IN PRINT. WE CONVENE COMMUNITY ORGANIZATIONS AND

LEADERS TO CAPITALIZE ON OUR DIVERSITY AND BUILD FOR THE FUTURE.

FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS CELIE BROWN AND ZANE

BROWN, JR. HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11: THE FINAL DRAFT OF THE FORM 990 IS

PRESENTED TO, AND REVIEWED BY, A SUBCOMMITTEE OF THE FINANCE AND AUDIT

COMMITTEES OF THE BOARD. THE FORM 990 IS THEN FINALIZED AND A PUBLIC

DISCLOSURE COPY IS PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING WITH THE

IRS. THE TREASURER OF THE BOARD, WHO IS THE CHAIR OF THE FINANCE AND

ADMINISTRATION COMMITTEE, REPORTS TO THE FULL BOARD ON THE FORM 990 AT A

BOARD OF DIRECTOR'S MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS AND

EXECUTIVE STAFF ARE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE

FORM ANNUALLY AND THEY ARE REVIEWED BY THE OFFICE OF THE CEO.

CIRCUMSTANCES THAT COULD LEAD TO OR PRESENT A POTENTIAL CONFLICT OF

INTEREST ARE BROUGHT TO THE BOARD OF DIRECTORS AS ARE ANY ACTUAL CONFLICTS

OF INTEREST. ANY POTENTIAL CONFLICT WOULD BE ADDRESSED BY THE BOARD OF

DIRECTORS. IF A CONFLICT DOES EXIST, BOARD MEMBERS ARE ASKED TO RECUSE

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

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization
JEWISH FEDERATION OF GREATER SEATTLE

Employer identification number
91-0575950

THEMSELVES FROM THE ROOM AND NOT VOTE ON THE MATTER IN QUESTION. THE BOARD

PERIODICALLY RECEIVES TRAINING IN THE AREA OF NON-PROFIT GOVERNANCE.

FORM 990, PART VI, SECTION B, LINE 15: THE PERSONNEL COMMITTEE OF THE

BOARD MEETS AT LEAST ANNUALLY TO CONFIRM THAT THE COMPENSATION PAID TO THE

CEO AND THE COO IS REASONABLE USING COMPARABLE DATA FOR SIMILAR POSITIONS.

THE COMPENSATION WAS REVIEWED BY THE COMMITTEE IN JUNE 2013.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT

OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -166,851.

CAPITAL CONTRIBUTION TO RELATED CORPORATION EXPENSED ON

BOOKS -122,700.

BAD DEBT RECOVERIES 9,430.

TOTAL TO FORM 990, PART XI, LINE 9 -280,121.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization: **JEWISH FEDERATION OF GREATER SEATTLE**
Employer identification number: **91-0575950**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DAVID & CATHY HABIB FOUNDATION - 91-2091080 2031 THIRD AVENUE SEATTLE, WA 98121	MAKING GRANTS TO CHARITABLE, RELIGIOUS AND EDUCATIONAL ORGANIZATIONS.	WASHINGTON	501(C)(3)	11A	JEWISH FEDERATION OF GREATER SEATTLE	X	
SAMUEL ISRAEL FOUNDATION - 86-1064950 2031 THIRD AVENUE SEATTLE, WA 98121	MAKING GRANTS TO CHARITABLE, RELIGIOUS AND EDUCATIONAL ORGANIZATIONS.	WASHINGTON	501(C)(3)	11A	JEWISH FEDERATION OF GREATER SEATTLE	X	
JEWISH DAY SCHOOL SUPPORTING FOUNDATION - 91-1932440, 2031 THIRD AVENUE, SEATTLE, WA 98121	PROVIDE EDUCATION TO JEWISH CHILDREN.	WASHINGTON	501(C)(3)	11D	JEWISH FEDERATION OF GREATER SEATTLE		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SEATTLE JEWISH TRANSCRIPT - 91-0919120 2031 THIRD AVENUE SEATTLE, WA 98121	PUBLISHES BI-WEEKLY PAPER	WA	N/A	C CORP	4,658.	52,899.	100.00%	X	
CHARITABLE REMAINDER ANNUITY TRUST - 91-2055072, 2031 THIRD AVENUE, SEATTLE, WA 98121	INVESTMENT	WA	N/A	TRUST	N/A	N/A	N/A		X
CHARITABLE REMAINDER UNITRUST - 45-6389264 2031 THIRD AVENUE SEATTLE, WA 98121	INVESTMENT	WA	N/A	TRUST	N/A	N/A	N/A		X

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SAMUEL ISRAEL FOUNDATION	C	50,000.	DOLLAR VALUE
(2) SEATTLE JEWISH TRANSCRIPT	A	22,672.	DOLLAR VALUE
(3) SEATTLE JEWISH TRANSCRIPT	B	122,700.	DOLLAR VALUE
(4)			
(5)			
(6)			

