

Form **990**

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>COLUMBUS JEWISH FOUNDATION</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center"><b>1175 COLLEGE AVENUE</b></p> City or town, state or province, country, and ZIP or foreign postal code <p align="center"><b>COLUMBUS, OH 43209</b></p> <b>F</b> Name and address of principal officer: <b>JACKIE JACOBS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <p align="center"><b>31-1384772</b></p> <b>E</b> Telephone number <p align="center"><b>(614) 338-2365</b></p> <b>G</b> Gross receipts \$ <b>41,621,745.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.COLUMBUSJEWISHFOUNDATION.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1955</b> <b>M</b> State of legal domicile: <b>OH</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE FOUNDATION DEVELOPS AND MANAGES ENDOWMENTS, PLANNED GIVING, AND DONOR-ADVISED PHILANTHROPIC</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>36</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>36</b>
<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a) .....	<b>5</b>	<b>8</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>100</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>2,531.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>572.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>7,146,862.</b>	<b>7,826,577.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>0.</b>	<b>217,619.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>2,983,004.</b>	<b>1,770,869.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>267,478.</b>	<b>573,139.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>10,397,344.</b>	<b>10,388,204.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>6,948,225.</b>	<b>6,553,739.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>649,806.</b>	<b>737,130.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>199,446.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>237,331.</b>	<b>206,295.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>7,835,362.</b>	<b>7,497,164.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>2,561,982.</b>	<b>2,891,040.</b>
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>111,810,930.</b>	<b>122,996,255.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>22,311,251.</b>	<b>24,207,821.</b>
		<b>89,499,679.</b>	<b>98,788,434.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <p align="center"><b>TAMRA FITZPATRICK, CHIEF FINANCIAL OFFICER</b></p> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <p><b>ZACHARY FORTSCH</b></p> Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <p align="right"><b>P00052725</b></p> Firm's name ▶ <b>RSM US LLP</b> Firm's EIN ▶ <b>42-0714325</b> Firm's address ▶ <b>1001 LAKESIDE AVENUE EAST, SUITE 200</b> <p align="center"><b>CLEVELAND, OH 44114-1152</b></p> Phone no. <b>216-523-1900</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE COLUMBUS JEWISH FOUNDATION DEVELOPS SUSTAINABLE FINANCIAL RESOURCES TO FULFILL ITS MISSION TO ENSURE CONTINUITY OF JEWISH LIFE AND TO MEET CHANGING NEEDS LOCALLY, IN ISRAEL AND IN OUR WORLDWIDE COMMUNITY.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 6,578,414. including grants of \$ 6,553,739. ) (Revenue \$ 217,619. ) THE FOUNDATION DEVELOPS AND MANAGES ENDOWMENTS, PLANNED GIVING, AND DONOR-ADVISED PHILANTHROPIC FUNDS. OUR GRANTS ARE PROVIDED FOR INNOVATIVE PROGRAMS, COMMUNITY DEVELOPMENT, EMERGENCIES FACING THE JEWISH WORLD, AND SECURING COMMUNITY RESOURCES FOR GENERATIONS TO COME. PROGRAM SERVICE REVENUE OF \$217,619 REPRESENTS CUSTODIAL RECORD KEEPING FEES FROM FUNDS NOT OWNED BY THE FOUNDATION. ADDITIONALLY, THE FOUNDATION WAS SUPPORTED BY CONTRIBUTIONS IN THE AMOUNT OF \$7,826,577 THAT ARE NOT INCLUDED IN PROGRAM SERVICE REVENUE.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 6,578,414.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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	
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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	
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> 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 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> 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 or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, and 720.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 36		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 36		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **OH**
- 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     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, address, and telephone number of the person who possesses the organization's books and records: **TAMRA FITZPATRICK, CFO - (614) 338-2365**  
**1175 COLLEGE AVENUE, COLUMBUS, OH 43209**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFF MEYER PRESIDENT	5.00	X		X				0.	0.	0.
(2) HARLAN ROBINS VICE PRESIDENT	2.00	X		X				0.	0.	0.
(3) WILLIAM BYERS TREASURER	2.00	X		X				0.	0.	0.
(4) HARLAN LOUIS ASSISTANT TREASURER	2.00	X		X				0.	0.	0.
(5) MICHAEL SCHLONSKY SECRETARY	2.00	X		X				0.	0.	0.
(6) NEVADA SMITH ASSISTANT SECRETARY	2.00	X		X				0.	0.	0.
(7) STEVEN SCHOTTENSTEIN IMMEDIATE PAST PRESIDENT	2.00	X		X				0.	0.	0.
(8) VADIM BARASH BOARD MEMBER	2.00	X						0.	0.	0.
(9) JOSHUA BARKAN BOARD MEMBER	2.00	X						0.	0.	0.
(10) SETH BECKER BOARD MEMBER	2.00	X						0.	0.	0.
(11) JIM BOWMAN BOARD MEMBER	2.00	X						0.	0.	0.
(12) SUZANNE ECKER BOARD MEMBER	2.00	X						0.	0.	0.
(13) GERALDINE ELLMAN BOARD MEMBER	2.00	X						0.	0.	0.
(14) DR. HILDA GLAZER BOARD MEMBER	2.00	X						0.	0.	0.
(15) DR. ARNOLD GOOD BOARD MEMBER	2.00	X						0.	0.	0.
(16) DR. MICHAEL HALLET BOARD MEMBER	2.00	X						0.	0.	0.
(17) RANDY HANSELL BOARD MEMBER	2.00	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) STEVE HEISER BOARD MEMBER	2.00	X						0.	0.	0.
(19) SHELLY IGDALOFF BOARD MEMBER	2.00	X						0.	0.	0.
(20) IRA KANE BOARD MEMBER	2.00	X						0.	0.	0.
(21) JEFF KAPLAN BOARD MEMBER	2.00	X						0.	0.	0.
(22) ROBERT KEIDAN BOARD MEMBER	2.00	X						0.	0.	0.
(23) ALEX KHVALSKY BOARD MEMBER	2.00	X						0.	0.	0.
(24) INNA KINNEY BOARD MEMBER	2.00	X						0.	0.	0.
(25) RABBI DEBORAH LEFTON BOARD MEMBER	2.00	X						0.	0.	0.
(26) HEIDI LEVEY BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								307,301.	0.	63,546.
<b>d Total (add lines 1b and 1c)</b>								307,301.	0.	63,546.

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 **2**

	Yes	No
3 Did the organization list any <b>former</b> 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**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STACY LEVIN BOARD MEMBER	2.00	X					0.	0.	0.	
(28) MARLENE MILLER BOARD MEMBER	2.00	X					0.	0.	0.	
(29) JODY SCHEIMAN BOARD MEMBER	2.00	X					0.	0.	0.	
(30) LEE SMITH BOARD MEMBER	2.00	X					0.	0.	0.	
(31) JOY SOLL BOARD MEMBER	2.00	X					0.	0.	0.	
(32) MARK TALIS BOARD MEMBER	2.00	X					0.	0.	0.	
(33) DR. PHILIP WEINERMAN BOARD MEMBER	2.00	X					0.	0.	0.	
(34) ARLENE WEISS BOARD MEMBER	2.00	X					0.	0.	0.	
(35) RICHARD WILLIAMS BOARD MEMBER	2.00	X					0.	0.	0.	
(36) JIM WINNEGRAD BOARD MEMBER	2.00	X					0.	0.	0.	
(37) JACKIE JACOBS CHIEF EXECUTIVE OFFICER	40.00			X			162,644.	0.	34,260.	
(38) TAMRA FITZPATRICK CHIEF FINANCIAL OFFICER	40.00			X			144,657.	0.	29,286.	
<b>Total to Part VII, Section A, line 1c</b>							<b>307,301.</b>		<b>63,546.</b>	

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	368,426.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	7,458,151.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		3,140,819.				
	<b>h Total.</b> Add lines 1a-1f .....		7,826,577.				
<b>Program Service Revenue</b>	<b>2 a</b> RECORD KEEPING FEES .....	<b>Business Code</b>					
		900099	217,619.	217,619.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		217,619.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,121,589.			1,121,589.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	35,962.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	148,705.				
		<b>c</b> Rental income or (loss) .....	-112,743.				
	<b>d</b> Net rental income or (loss) .....		-112,743.			-112,743.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	31,734,116.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	31,084,836.				
		<b>c</b> Gain or (loss) .....	649,280.				
	<b>d</b> Net gain or (loss) .....		649,280.			649,280.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> PARTNERSHIP INVESTMENTS .....		900004	685,882.		2,531.	683,351.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			685,882.				
<b>12 Total revenue.</b> See instructions. ....			10,388,204.	217,619.	2,531.	2,341,477.	

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,553,739.	6,553,739.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	370,847.		302,248.	68,599.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	298,352.		203,452.	94,900.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,787.		8,787.	
<b>9</b> Other employee benefits	19,326.		14,505.	4,821.
<b>10</b> Payroll taxes	39,818.		29,154.	10,664.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	4,340.		4,340.	
<b>c</b> Accounting	21,960.		21,960.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,989.		1,989.	
<b>12</b> Advertising and promotion	17,284.		5,573.	11,711.
<b>13</b> Office expenses	21,161.		21,161.	
<b>14</b> Information technology	34,675.		34,675.	
<b>15</b> Royalties				
<b>16</b> Occupancy	3,603.		3,603.	
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	13,829.		13,829.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	18,239.		18,239.	
<b>23</b> Insurance	11,952.		11,952.	
<b>24</b> 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.)				
<b>a</b> <b>UBI TAX</b>	200.		200.	
<b>b</b> <b>LIFE INSURANCE</b>	24,675.	24,675.		
<b>c</b> <b>BUILDING SERVICES/MAINT</b>	11,351.		11,351.	
<b>d</b> <b>RECEPTION</b>	8,751.			8,751.
<b>e</b> All other expenses	12,286.		12,286.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,497,164.	6,578,414.	719,304.	199,446.
<b>26</b> <b>Joint costs.</b> 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 or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	187,392.	<b>1</b>	156,813.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	463,635.	<b>7</b>	604,837.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	35,331.	<b>9</b>	36,753.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,108,329.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,151,868.	3,748,843.	<b>10c</b> 3,956,461.
	<b>11</b> Investments - publicly traded securities .....	95,381,337.	<b>11</b>	106,123,066.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	7,856,863.	<b>12</b>	7,813,476.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,137,529.	<b>15</b>	4,304,849.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	111,810,930.	<b>16</b>	122,996,255.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	53,112.	<b>17</b>	60,010.
	<b>18</b> Grants payable .....	494,526.	<b>18</b>	286,232.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	21,763,613.	<b>21</b>	23,861,579.
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	22,311,251.	<b>26</b>	24,207,821.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....		<b>27</b>	
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....	0.	<b>30</b>	0.
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	<b>31</b>	0.
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....	89,499,679.	<b>32</b>	98,788,434.
<b>33</b> Total net assets or fund balances .....	89,499,679.	<b>33</b>	98,788,434.	
<b>34</b> Total liabilities and net assets/fund balances .....	111,810,930.	<b>34</b>	122,996,255.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,388,204.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,497,164.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,891,040.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,499,679.
5	Net unrealized gains (losses) on investments	5	6,024,691.
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	373,024.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	98,788,434.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>SEE SCH O</u> 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
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: COLUMBUS JEWISH FOUNDATION
Employer identification number: 31-1384772

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 12, 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 (Form 990 or 990-EZ).)
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 [X] 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 [ ] 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.)
11 [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 [ ] 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization (described on lines 1-10 above (see instructions)), (iv) Is the organization listed in your governing document? (Yes/No), (v) Amount of monetary support (see instructions), (vi) Amount of other support (see instructions). Includes a Total row at the bottom.

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,679,242.	7,638,458.	3,814,166.	7,146,062.	7,826,577.	32,104,505.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	5,679,242.	7,638,458.	3,814,166.	7,146,062.	7,826,577.	32,104,505.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						4,147,916.
<b>6 Public support.</b> Subtract line 5 from line 4.						27,956,589.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	5,679,242.	7,638,458.	3,814,166.	7,146,062.	7,826,577.	32,104,505.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	2,054,407.	2,878,549.	3,886,879.	2,870,974.	1,157,551.	12,848,360.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...	122,502.		1,184.	35,786.	1,572.	161,044.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				188,440.		188,440.
<b>11 Total support.</b> Add lines 7 through 10						45,302,349.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	877,926.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	61.71 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	54.38 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>3b</b>			

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

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

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

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

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

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

REFUND FROM PENSION PLAN

2015 AMOUNT: \$ 188,440.

**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

COLUMBUS JEWISH FOUNDATION

Employer identification number

31-1384772

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization  <b>COLUMBUS JEWISH FOUNDATION</b>	Employer identification number  <b>31-1384772</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>758,253.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>564,472.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>543,915.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>368,426.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>330,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>COLUMBUS JEWISH FOUNDATION</b>	Employer identification number  <b>31-1384772</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 293,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 252,233.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 214,568.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 211,221.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 197,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>COLUMBUS JEWISH FOUNDATION</b>	Employer identification number  <b>31-1384772</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 163,849.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
COLUMBUS JEWISH FOUNDATION	31-1384772

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	20,124.672 SHARES OF CULLEN HIGH DIVIDEND FD (CHVCX); 200 SHARES OF TERADATA (TDC)	\$ 344,166.	11/11/16
1	222 SHARES OF OMNICOM (OMC); 12 SHARES OF VERITIV (VRTV); 1,600 SHARES OF MICROSOFT (MSFT)	\$ 114,582.	11/11/16
1	1,000 SHARES OF CORNING (GLW); 22,989 SHARES OF ZWEIG FUND (ZF)	\$ 299,505.	11/11/16
3	312 SHARES OF GENERAL ELECTRIC CO. (GE); 205.498 SHARES OF STARBUCKS CORP. (SBUX)	\$ 20,715.	08/26/16
3	157.044 SH APPLE (AAPL); 162 SH CSX (CSX); 126 SH J.P. MORGAN (JPM); 121 SH MERCK (MRK)	\$ 47,528.	02/24/17
6	2.307 ACRES OF VACANT LAND	\$ 330,000.	12/22/16

Name of organization <b>COLUMBUS JEWISH FOUNDATION</b>	Employer identification number <b>31-1384772</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
9	1,348 SHARES WELLS FARGO (WFC); 349 SHARES BECTON DICKINSON (BDX); 28 SHARES HALYARD HEALTH (HYH)	\$ 122,024.	11/11/16
9	227 SHARES KIMBERLY-CLARK (KMB); 280 SHARES NEXTERA ENERGY (NEE); 457 SHARES OF PACCAR INC (PCAR)	\$ 86,394.	11/11/16
9	1,030 SHARES OF TEVA PHARACEUTICAL (TEVA)	\$ 43,815.	11/11/16
11	2,000 SHARES OF M/I HOMES (MHO)	\$ 44,257.	08/26/16
11	5,000 SHARES OF M/I HOMES (MHO)	\$ 125,304.	12/31/16
11	1,500 SHARES OF M/I HOMES (MHO)	\$ 41,480.	05/12/17

Name of organization <b>COLUMBUS JEWISH FOUNDATION</b>	Employer identification number <b>31-1384772</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
12	92 SHARES OF SPDR S&P 500 ETF IV (SPY)	\$ 19,860.	07/29/16
12	229 SH DFA US TARGETED VALUE PORT INSL (DFFVX); 937 SH DFA INTL SMALL CAP VALUE PORT INSL (DISVX)	\$ 22,962.	11/11/16
12	384 SHARES ISHARES CORE S&P SMALL CAP ETF (IJR); 192 SHARES ISHARES RUSSELL 1000 VALUE ETF (IWD)	\$ 65,344.	11/11/16
12	0.654 SHARES OF ISHARES RUSSELL 1000 VALUE (IWD); 245.01 SHARES OF AMIDEX35 ISRAEL MUTUAL (AMDEX)	\$ 3,230.	12/09/16
12	117 SHARES OF SCHWAB US BROAD MARKET ETF (SCHB); 335.734 SHARES OF T ROWE PRICE (PRIDX)	\$ 24,462.	12/09/16
12	200 SHARES OF LULULEMON ATHLETICA (LULU)	\$ 11,544.	12/09/16

Name of organization  <b>COLUMBUS JEWISH FOUNDATION</b>	Employer identification number  <b>31-1384772</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
13	315 SHARES OF VANGUARD FINANCIALS INDEX FUND; ADMIRAL (VFIAX)	\$ 63,819.	08/19/16
13	227.283 SHARES OF VANGUARD 500 INDEX FUND (VFIAX)	\$ 50,000.	03/31/17
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>COLUMBUS JEWISH FOUNDATION</b>	Employer identification number  <b>31-1384772</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**Name of the organization** COLUMBUS JEWISH FOUNDATION **Employer identification number** 31-1384772

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	716	
2 Aggregate value of contributions to (during year) .....	5,432,056.	
3 Aggregate value of grants from (during year) .....	5,098,052.	
4 Aggregate value at end of year .....	26,197,390.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

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

Yes  No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2016

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	52,398,227.	53,763,123.	54,423,628.	48,592,080.	45,846,205.
b Contributions	4,150,636.	1,189,110.	1,300,388.	2,326,608.	1,674,822.
c Net investment earnings, gains, and losses	6,196,846.	-54,761.	548,910.	5,535,643.	3,186,972.
d Grants or scholarships	2,625,019.	2,060,683.	2,106,581.	2,030,703.	2,115,919.
e Other expenditures for facilities and programs					
f Administrative expenses	474,725.	438,562.	403,222.		
g End of year balance	59,645,965.	52,398,227.	53,763,123.	54,423,628.	48,592,080.

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

- a Board designated or quasi-endowment  15.54 %
- b Permanent endowment  79.69 %
- c Temporarily restricted endowment  4.77 %

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

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

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	819,411.	373,600.		1,193,011.
b Buildings		3,748,287.	984,837.	2,763,450.
c Leasehold improvements				
d Equipment		167,031.	167,031.	0.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>3,956,461.</b>



**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) ALTERNATIVE INVESTMENT		
(B) FUNDS	5,413,476.	END-OF-YEAR MARKET VALUE
(C) PARTNERSHIP	2,400,000.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>7,813,476.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	16,934,424.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	6,024,691.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	521,729.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	6,546,420.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,388,004.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	200.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	200.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	10,388,204.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	7,645,669.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	148,705.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	148,705.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,496,964.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	200.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	200.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,497,164.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

THE COLUMBUS JEWISH FOUNDATION HOLDS AND INVESTS CUSTODIAL FUNDS FOR JEWISH AGENCIES.

**PART V, LINE 4:**

THE COLUMBUS JEWISH FOUNDATION IS A DONOR-CENTERED CHARITABLE ENTERPRISE DEDICATED TO ACCUMULATING ENDURING ASSETS TO SUPPORT THE STABILITY AND CONTINUITY OF JEWISH LIFE IN COLUMBUS AND ELSEWHERE. ENDOWED RESOURCES ARE FOR USE IN SUPPORTING SPECIAL, EMERGENCY AND FUTURE NEEDS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

RENTAL EXPENSES NETTED AGAINST REVENUE 148,705.

**Part XIII** Supplemental Information (continued)

CSV CHANGE OF LIFE INSURANCE 373,024.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 521,729.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

UNRELATED BUSINESS INCOME TAX NETTED AGAINST CONTRIBUTIONS 200.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED AGAINST REVENUE 148,705.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

UNRELATED BUSINESS INCOME TAX NETTED AGAINST CONTRIBUTIONS 200.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization **COLUMBUS JEWISH FOUNDATION** Employer identification number **31-1384772**

**Part I General Information on Grants and Assistance**

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A KID AGAIN 777-G DEARBORN PARK LANE WORTHINGTON, OH 43085	31-1440073	501(C)(3)	78,675.	0.			CHILDREN'S & YOUTH SERVICES; ANNUAL HOLIDAY EVENT
AMERICAN FRIENDS INTERDISCIPLINARY CENTER (AFIDC) - 116 EAST 16TH STREET 11TH FLOOR - NEW YORK, NY 10003	31-1577589	501(C)(3)	11,000.	0.			ANNUAL SCHOLARSHIPS; HIGHER EDUCATION
AMERICAN FRIENDS MAGEN DAVID ADOM NATIONAL MAIL PROCESSING CENTER, P.O. BOX 96402 - WASHINGTON, DC 20090-6402	13-1790719	501(C)(3)	7,658.	0.			DISASTER RELIEF AND BLOOD SERVICES
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC. - 711 THIRD AVENUE, 10TH FLOOR - NEW YORK, NY 10017	13-1656634	501(C)(3)	23,200.	0.			EMERGENCY HUMANITARIAN SUPPORT AND DISASTER RELIEF
ANDREWS HOUSE INC. P.O. BOX 1266 DELAWARE, OH 43015-8266	31-1424363	501(C)(3)	5,000.	0.			KIDS ON THE BLOCK OF CENTRAL OHIO
ARTHUR G. JAMES CANCER HOSPITAL 660 ACKERMAN ROAD, P.O. BOX 183112 COLUMBUS, OH 43218	31-1301428	501(C)(3)	150,973.	0.			CELEBRATION OF LIFE; PELOTONIA; BREATH OF HOPE OHIO; HERBERT J. BLOCK MEMORIAL FUND

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **98.**

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

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

Schedule I (Form 990) (2016)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**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
ASPEN ART MUSEUM 637 EAST HYMAN AVENUE ASPEN, CO 81611	84-0746671	501(C)(3)	8,800.	0.			NOW; EDUCATION & CULTURAL CENTER
ASPEN JEWISH CENTER 77 MEADOWOOD DRIVE ASPEN, CO 81611	84-0723135	501(C)(3)	9,380.	0.			SYNAGOGUE; WORSHIP & EDUCATION
ASPENFILM 110 EAST HALLAM STREET, SUITE 103 ASPEN, CO 81611-1461	74-2483139	501(C)(3)	5,337.	0.			EDUCATION THROUGH FILM
B'NAI B'RITH YOUTH ORGANIZATION 800 8TH STREET NW WASHINGTON, DC 20001	31-1794932	501(C)(3)	5,421.	0.			LEADERSHIP DEVELOPMENT FOR JEWISH TEENS
BALLETMET DEVELOPMENT DEPARTMENT, 322 MOUNT V COLUMBUS, OH 43215	31-0858562	501(C)(3)	38,000.	0.			DANCE PERFORMANCES; TRAINING; EDUCATION; OUTREACH
BETH JACOB CONGREGATION 1223 COLLEGE AVENUE COLUMBUS, OH 43209	31-6401183	501(C)(3)	40,545.	0.			SYNAGOGUE; WORSHIP & EDUCATION
BEXLEY COMMUNITY FOUNDATION 552 SOUTH DREXEL AVENUE COLUMBUS, OH 43209	27-1405357	501(C)(3)	13,820.	0.			BEXLEY PUBLIC LIBRARY COMMUNITY AUTHOR SERIES FUND; BEXLEY IN BLOOM; TREES FOR BEXLEY
BEXLEY EDUCATION FOUNDATION 348 SOUTH CASSINGHAM ROAD BEXLEY, OH 43209	31-1463283	501(C)(3)	26,663.	0.			BOB DARWIN MEMORIAL FUND; CASSINGHAM PLAYGROUND PROJECT
BIG BROTHERS/BIG SISTERS OF CENTRAL OHIO - 1855 EAST DUBLIN-GRANVILLE ROAD - COLUMBUS, OH 43229	31-4379429	501(C)(3)	18,068.	0.			BOWL FOR KIDS; NURTURE CHILDREN & STRENGTHEN COMMUNITIES

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.)

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CANCER ALLIANCE OF HELP & HOPE P.O. BOX 3292 PALM BEACH, FL 33480	90-0101236	501(C)(3)	5,500.	0.			BASIC NEEDS ASSISTANCE FOR CANCER PATIENTS AND FAMILIES
CATCO DEVELOPMENT OFFICE, 55 EAST STATE S COLUMBUS, OH 43215	31-1168461	501(C)(3)	12,900.	0.			ARTISTIC EDUCATION & COMMUNITY OUTREACH
CHABAD HOUSE NORTHERN PALM BEACH ISLAND - 361 SOUTH COUNTY ROAD, #D - PALM BEACH, FL 33480	26-2697228	501(C)(3)	27,000.	0.			JEWISH EDUCATION & OUTREACH
CHABAD ON CAMPUS AT OSU 207 EAST 15TH AVENUE COLUMBUS, OH 43201	81-2505414	501(C)(3)	17,404.	0.			JEWISH EDUCATION & OUTREACH
COLUMBUS ACADEMY 4300 CHERRY BOTTOM ROAD GAHANNA, OH 43230-0745	31-4379445	501(C)(3)	53,750.	0.			COLLEGE PREPARATORY CURRICULUM; NEW QUEST CAMPAIGN
COLUMBUS ASSOCIATION PERFORMING ARTS (CAPA) - 55 EAST STATE STREET - COLUMBUS, OH 43215-4264	31-0749884	501(C)(3)	29,900.	0.			CAPITAL CAMPAIGN; PERFORMING ARTS
COLUMBUS COMMUNITY KOLLEL 2513 EAST MAIN STREET COLUMBUS, OH 43209	31-1438033	501(C)(3)	51,541.	0.			ADULT JEWISH EDUCATION
COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 43205	31-6044264	501(C)(3)	33,000.	0.			PHILANTHROPY & GRANT MAKING
COLUMBUS JEWISH DAY SCHOOL 150 EAST GRANVILLE STREET NEW ALBANY, OH 43054	31-1482374	501(C)(3)	30,822.	0.			JEWISH DAY SCHOOL FOR ELEMENTARY AGE STUDENTS

Schedule I (Form 990)

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COLUMBUS JEWISH HISTORICAL SOCIETY 1175 COLLEGE AVENUE COLUMBUS, OH 43209	31-1012951	501(C)(3)	34,100.	0.			PRESERVATION OF HISTORY OF THE JEWISH COMMUNITY
COLUMBUS METROPOLITAN LIBRARY FOUNDATION - 96 SOUTH GRANT AVENUE - COLUMBUS, OH 43215	31-1692755	501(C)(3)	41,218.	0.			GREAT LIBRARIES CREATE CAMPAIGN; SUPPORT FOR COLUMBUS METROPOLITAN LIBRARY
COLUMBUS MUSEUM OF ART 480 EAST BROAD STREET COLUMBUS, OH 43215	31-4379447	501(C)(3)	91,166.	0.			EDUCATIONAL & CULTURAL CENTER
COLUMBUS POLICE FOUNDATION, C/O THE COLUMBUS FOUNDATION - 1234 EAST BROAD STREET - COLUMBUS, OH 43205	37-1588250	501(C)(3)	24,301.	0.			HOLOCAUST MUSEUM; LESSONS FROM THE HOLOCAUST; HOMELAND SECURITY TRAINING
COLUMBUS SCHOOL FOR GIRLS 65 SOUTH DREXEL AVENUE COLUMBUS, OH 43209	31-4379452	501(C)(3)	23,235.	0.			COLLEGE PREPARATORY CURRICULUM; CAPITAL CAMPAIGN
COLUMBUS SPEECH & HEARING CENTER 510 EAST NORTH BROADWAY STREET COLUMBUS, OH 43214	31-4379449	501(C)(3)	12,500.	0.			HEARING & SPEECH THERAPY
COLUMBUS TORAH ACADEMY 181 NOE-BIXBY ROAD COLUMBUS, OH 43213	31-4428025	501(C)(3)	349,472.	0.			JEWISH STUDIES FOR ELEMENTARY & SECONDARY AGE STUDENTS; FURNITURE-UPPER SCHOOL
COLUMBUS ZOO AND AQUARIUM 9990 RIVERSIDE DRIVE, P.O. BOX 400 POWELL, OH 43065	31-1307572	501(C)(3)	50,450.	0.			ANIMAL HOSPITAL
COMMUNITY SHELTER BOARD L-3112, 111 LIBERTY STREET, #150 COLUMBUS, OH 43215	31-1181284	501(C)(3)	7,000.	0.			EMERGENCY HOUSING PROGRAMS & COMMUNITY AWARENESS

Schedule I (Form 990)

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CONGREGATION AGUDAS ACHIM 2767 EAST BROAD STREET COLUMBUS, OH 43209	31-4414020	501(C)(3)	110,529.	0.			WORSHIP & EDUCATON; BROTHERHOOD; RELIGIOUS SCHOOL SUBSIDIES
CONGREGATION AHAVAS SHOLOM 2568 EAST BROAD STREET COLUMBUS, OH 43209	31-0898886	501(C)(3)	36,214.	0.			WORSHIP & EDUCATION
CONGREGATION BETH TIKVAH 6121 OLENTANGY RIVER ROAD WORTHINGTON, OH 43085	31-1069161	501(C)(3)	12,976.	0.			SYNAGOGUE; WORSHIP & EDUCATION; L'DOR VADOR PROJECT
CONGREGATION TIFEREETH ISRAEL 1354 EAST BROAD STREET COLUMBUS, OH 43205	31-4319579	501(C)(3)	189,252.	0.			SYNAGOGUE; WORSHIP & EDUCATION
CONGREGATION TORAT EMET 2375 EAST MAIN STREET BEXLEY, OH 43209	31-1786319	501(C)(3)	55,466.	0.			SYNAGOGUE; YAHRZEIT; WORSHIP & EDUCATION
COSI (FRANKLIN COUNTY HISTORICAL SOCIETY) - 333 WEST BROAD STREET - COLUMBUS, OH 43215	31-4383802	501(C)(3)	7,475.	0.			APPRENTICESHIP PROGRAM; GENERAL SUPPORT
FLORENCE MELTON SCHOOL OF ADULT JEWISH LEARNING - 95 REVERE DRIVE, SUITE H - NORTHBROOK, IL 60062	01-0725179	501(C)(3)	19,000.	0.			ADULT JEWISH EDUCATION
FLYING HORSE FARMS 5260 STATE ROUTE 95 MT. GILEAD, OH 43338	20-3498125	501(C)(3)	14,450.	0.			CAMP EXPERIENCES FOR CHILDREN WITH SERIOUS ILLNESES
FRANKLIN COUNTY HOMELAND SECURITY & JUSTICE PROGRAMS - 373 SOUTH HIGH STREET, 25TH FLOOR - COLUMBUS, OH 43215	31-6400067	501(C)(3)	5,000.	0.			HOMELAND SECURITY TRAINING

Schedule I (Form 990)



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FRIENDS OF THE ARAVA INSTITUTE 896 BEACON STREET BOSTON, MA 02215	11-3485736	501(C)(3)	5,960.	0.			ENVIRONMENTAL FORUM
FRIENDS OF THE CONSERVATORY 1777 EAST BROAD STREET COLUMBUS, OH 43203	31-1657027	501(C)(3)	37,400.	0.			CAPITAL CAMPAIGN; HORTICULTURAL & EDUCATIONAL INSTITUTION
FUND FOR THE CITY OF NEW YORK INC. 121 AVENUE OF THE AMERICAS, 6TH FLO NEW YORK, NY 10013	13-2612524	501(C)(3)	6,750.	0.			LIKONI COMMUNITY FOOTBALL LEAGUE
FURNITURE BANK OF CENTRAL OHIO 118 SOUTH YALE AVENUE COLUMBUS, OH 43222	31-1600869	501(C)(3)	5,100.	0.			FURNITURE & HOUSEHOLD GOODS ASSISTANCE
GAHANNA-JEFFERSON EDUCATION FOUNDATION - 160 SOUTH HAMILTON - GAHANNA, OH 43230	81-0576974	501(C)(3)	7,000.	0.			EDUCATION SCHOLARSHIP
GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY - 49 WEST 45TH STREET, 6TH FLOOR - NEW YORK, NY 10036	13-3795391	501(C)(3)	10,000.	0.			HISTORY EDUCATION
GOODWILL INDUSTRIES OF CENTRAL OHIO INC. - 1331 EDGE HILL ROAD - COLUMBUS, OH 43212-3163	31-4379448	501(C)(3)	5,100.	0.			WORKFORCE DEVELOPMENT FOR INDIVIDUALS WITH DISABILITIES AND OTHER BARRIERS
HABITAT FOR HUMANITY - MIDOHIO 3140 WESTERVILLE ROAD COLUMBUS, OH 43224	31-1217994	501(C)(3)	100,225.	0.			AFFORDABLE HOUSING; HOUSE SPONSORSHIP
HADASSAH THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA INC. - DONOR SERVICES, P.O. BOX 1100 - NEW YORK, NY 10268-1100	13-1656651	501(C)(3)	12,000.	0.			KEEPER OF THE GATE; EDUCATION, ADVOCACY & JEWISH CONTINUITY

Schedule I (Form 990)

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HEBREW UNION COLLEGE 3101 CLIFTON AVENUE CINCINNATI, OH 45220	31-0537067	501(C)(3)	46,000.	0.			RELIGIOUS & SCHOLARLY LEARNING
HOMELESS FAMILIES FOUNDATION 33 NORTH GRUBB STREET COLUMBUS, OH 43215	31-1179492	501(C)(3)	50,200.	0.			SHELTER & SUPPORT SERVICES FOR HOMELESS FAMILIES
HOMEPORT BY COLUMBUS HOUSING PARTNERSHIP - 3443 AGLER ROAD - COLUMBUS, OH 43215	31-1208260	501(C)(3)	5,250.	0.			AFFORDABLE HOUSING & COUNSELING
ILLINOIS HOLOCAUST MUSEUM & EDUCATION CENTER - 9603 WOODS DRIVE - SKOKIE, IL 60077	36-3156154	501(C)(3)	10,000.	0.			TEACHING TOLERANCE & EDUCATION CENTER PROGRAM
INNOCENCE PROJECT INC. 40 WORTH STREET #701 NEW YORK, NY 10013-2904	32-0077563	501(C)(3)	5,000.	0.			FREE INCARCERATED INNOCENT PEOPLE
JEWISH CENTER OF THE HAMPTONS 44 WOODS LANE, P.O. BOX 5107 EAST HAMPTON, NY 11937	11-6035195	501(C)(3)	6,000.	0.			SYNAGOGUE; HIGH HOLIDAY APPEAL
JEWISH COMMUNITY CENTER 1125 COLLEGE AVENUE COLUMBUS, OH 43209	31-4379496	501(C)(3)	363,889.	0.			GYM; FILM FESTIVAL; MACCABI GAMES; GALLERY PLAYERS; SECURITY UPGRADES; EARLY CHILDHOOD
JEWISH FAMILY SERVICES 1070 COLLEGE AVENUE COLUMBUS, OH 43209	31-4379497	501(C)(3)	104,386.	0.			COMPREHENSIVE HEALTH & SOCIAL SERVICES; SHORT TERM THERAPY; SCRIP
JEWISH FEDERATION OF COLUMBUS 1175 COLLEGE AVENUE COLUMBUS, OH 43209	31-0838745	501(C)(3)	1,022,612.	0.			BUILD & STRENGTHEN THE COLUMBUS JEWISH COMMUNITY; HOLOCAUST SURVIVOR CAMPAIGN;

Schedule I (Form 990)

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JEWISH FEDERATION OF GREATER METROWEST NJ - 901 ROUTE 10 EAST - WHIPPANY, NJ 07981-0000	22-1487222	501(C)(3)	5,554.	0.			BUILD & STRENGTHEN THE NEW JERSEY JEWISH COMMUNITY; MARCH OF THE LIVING
JEWISH FEDERATION PALM BEACH COUNTY - 4601 COMMUNITY DRIVE - WEST PALM BEACH, FL 33417	59-0948696	501(C)(3)	21,500.	0.			BUILD & STRENGTHEN THE PALM BEACH COUNTY JEWISH COMMUNITY
JEWISH NATIONAL FUND 78 RANDALL AVENUE ROCKVILLE CENTRE, NY 11570	13-1659627	501(C)(3)	13,216.	0.			TREE FUND; ISRAEL FIRES EMERGENCY RELIEF
JEWISH WOMEN INTERNATIONAL 1129 20TH STREET NW, SUITE 801 WASHINGTON, DC 20036	52-6040461	501(C)(3)	5,000.	0.			WOMEN TO WATCH; EMPOWERING WOMEN & GIRLS
KIPP COLUMBUS 2900 INSPIRE DRIVE COLUMBUS, OH 43224	20-8627107	501(C)(3)	5,500.	0.			COLLEGE PREPARATORY PUBLIC SCHOOL DEDICATED TO PREPARING STUDENTS IN UNDERSERVED COMMUNITIES
LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223	31-4379494	501(C)(3)	6,535.	0.			MEALS ON WHEELS; KOSHER KITCHEN
LORI SCHOTTENSTEIN CHABAD CENTER P.O. BOX 80 NEW ALBANY, OH 43054	31-1427001	501(C)(3)	62,232.	0.			EDUCATIONAL & RELIGIOUS PROGRAMS; FRIENDSHIP CIRCLE; LIFETOWN; NEW ALBANY MIKVAH; YAHRZEITS;
MARBURN ACADEMY 9555 JOHNSTOWN ROAD NEW ALBANY, OH 43054	31-1011901	501(C)(3)	33,500.	0.			SPECIALIZED EDUCATION FOR LEARNING DISABLED STUDENTS; CAPITAL CAMPAIGN
MASORTI FOUNDATION 475 RIVERSIDE DRIVE, SUITE 832 NEW YORK, NY 10115-0122	13-3137586	501(C)(3)	50,050.	0.			CONSERVATIVE JEWISH RELIGIOUS & SPIRITUAL DEVELOPMENT

Schedule I (Form 990)

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MID-OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY, OH 43123	31-0865343	501(C)(3)	20,321.	0.			HUNGER RELIEF PROGRAMS; FOOD FOR THE NEEDY
NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION - P.O. BOX 16810 - COLUMBUS, OH 43216-6810	31-1036370	501(C)(3)	58,850.	0.			SUPPORT FOR NATIONWIDE CHILDREN'S HOSPITAL; KOSHER FOOD PANTRY
NEW ALBANY PET RESCUE 7301 WATERSTON NEW ALBANY, OH 43054	46-3027819	501(C)(3)	5,000.	0.			ANIMAL PROTECTION & WELFARE
OHIO JEWISH COMMUNITIES 50 WEST BROAD STREET, #1815 COLUMBUS, OH 43215	31-1042915	501(C)(4)	13,605.	0.			EDUCATIONAL PROGRAMMING
OHIO WILDLIFE CENTER 6131 COOK ROAD POWELL, OH 43065	31-1182372	501(C)(3)	85,000.	0.			WILDNITE FOR WILDLIFE; CAPITAL IMPROVEMENTS
OHIOANS TO STOP EXECUTIONS 9 EAST LONG STREET, SUITE 202 COLUMBUS, OH 43215-2936	31-1269170	501(C)(3)	10,000.	0.			END DEATH PENALTY IN OHIO
OHIOHEALTH FOUNDATION 180 EAST BROAD STREET, 31ST FLOOR COLUMBUS, OH 43215	23-7446919	501(C)(3)	151,525.	0.			RIVERSIDE METHODIST HOSPITAL MATERNITY UNIT; HOSPICE; KOBACKER HOUSE; ALAN & BOBBIE WEILER
OSU FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43221	31-1145986	501(C)(3)	503,241.	0.			FAMILY BOOK CLUB; KIRWAN INST; CREATIVE WRITING; JAMES FUND FOR LIFE; SCHOTTENSTEIN BASKETBALL;
OSU HILLEL 46 EAST 16TH AVENUE COLUMBUS, OH 43201-1661	31-1048567	501(C)(3)	213,998.	0.			PROGRAM & BUILDING EXPENSES; CREATING JEWISH LEADERS ON CAMPUS; BUCKEYES FOR ISRAEL

Schedule I (Form 990)

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PACE UNIVERSITY GIFT PROCESSING CENTER, P.O. BOX 41 BOSTON, MA 02241-9268	13-5562314	501(C)(3)	5,000.	0.			HIGHER EDUCATION
PALM BEACH ORTHODOX SYNAGOGUE INC. 120 NORTH COUNTY ROAD PALM BEACH, FL 33480	65-0478910	501(C)(3)	6,150.	0.			SYNAGOGUE; WORSHIP & EDUCATION
PARDES INSTITUTE OF JEWISH STUDIES NORTH AMERICA INC. - 5 WEST 37TH STREET, #802 - NEW YORK, NY 10018	22-2594099	501(C)(3)	6,000.	0.			HIGHER JEWISH EDUCATION
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE, 15TH FLOOR, SUITE NEW YORK, NY 10017	13-6104086	501(C)(3)	25,510.	0.			DUALIS SOCIAL BUSINESS; COMPUTERS FOR NEGBA
PILOT DOGS 625 WEST TOWN STREET COLUMBUS, OH 43215	31-4393243	501(C)(3)	52,000.	0.			TRAIN DOGS FOR THE BLIND; GROUP CLASS
PIZZUTI COLLECTION 632 NORTH PARK STREET COLUMBUS, OH 43215	45-2737210	501(C)(3)	7,700.	0.			CULTURAL ARTS
PLANNED PARENTHOOD OF GREATER OHIO 206 EAST STATE STREET COLUMBUS, OH 43215	34-1015976	501(C)(3)	16,911.	0.			FAMILY PLANNING
SECOND PRESBYTERIAN CHURCH 3 WEST 95TH STREET NEW YORK, NY 10025	23-6393377	501(C)(3)	7,500.	0.			ALEXANDER ROBERTSON SCHOOL
SHALOM HOUSE C/O WEXNER HERITAGE HOUSE, 1151 COLLEGE AVENUE - COLUMBUS, OH 43209	31-1334762	501(C)(3)	49,400.	0.			GENERAL SUPPORT FOR ADULTS WITH DEVELOPMENTAL DISABILITIES

Schedule I (Form 990)

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SMITHSONIAN INSTITUTION P.O. BOX 37012, MRC527 WASHINGTON, DC 20013	53-0206027	501(C)(3)	20,050.	0.			SCIENCE EDUCATION
STEPHEN GAYNOR SCHOOL 148 WEST 90TH STREET NEW YORK, NY 10024	13-1969570	501(C)(3)	10,000.	0.			SPECIALIZED EDUCATION FOR LEARNING DISABLED STUDENTS
TEMPLE BETH SHALOM 5089 JOHNSTOWN ROAD NEW ALBANY, OH 43054	31-0926157	501(C)(3)	56,109.	0.			SYNAGOGUE; WORSHIP & EDUCATION; CAPITAL CAMPAIGN
TEMPLE ISRAEL C/O UMCH, 431 EAST BROAD STREET COLUMBUS, OH 43215	31-4384145	501(C)(3)	67,896.	0.			SYNAGOGUE; WORSHIP & EDUCATION
THE BUCKEYE RANCH 5665 HOOVER ROAD GROVE CITY, OH 43123	31-0642111	501(C)(3)	100,000.	0.			LEARN CARE GIVE CAPITAL CAMPAIGN
THE MANHATTAN INSTITUTE 52 VANDERBILT AVENUE NEW YORK, NY 10017	13-2912529	501(C)(3)	25,000.	0.			HIGHER EDUCATION
THE OHIO STATE UNIVERSITY BURSAR'S OFFICE, 281 WEST LANE AVENUE, 2ND FLOOR - COLUMBUS, OH 43210	31-6025986	GOVERNMENTAL ENTITY	64,180.	0.			COLLEGE OF MEDICINE & PUBLIC HEALTH; DENTAL SCHOLARSHIPS; WEXNER CENTER FOR THE ARTS
U.S. HOLOCAUST MEMORIAL MUSEUM P.O. BOX 7022 ALBERT LEA, MN 56007	52-1309391	501(C)(3)	5,633.	0.			DOCUMENTATION, STUDY & INTERPRETATION OF HOLOCAUST HISTORY
UNION FOR REFORM JUDAISM 633 THIRD AVENUE NEW YORK, NY 10017	13-1663143	501(C)(3)	25,500.	0.			GOLDMAN UNION CAMP; SUPPORT FOR REFORM JEWISH CONGREGATIONS

Schedule I (Form 990)

<b>Part II</b> 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
UNITED WAY - CENTRAL OHIO 360 SOUTH THIRD STREET COLUMBUS, OH 43215	31-4393712	501(C)(3)	164,610.	0.			BUILD & STRENGTHEN THE COLUMBUS COMMUNITY
WEXNER HERITAGE VILLAGE 1151 COLLEGE AVENUE COLUMBUS, OH 43209	31-4417962	501(C)(3)	303,319.	0.			LONG TERM HEALTHCARE FOR DISABLED ELDERLY INDIVIDUALS; CAMPAIGN TO REVOLUTIONIZE CARE; ELDER
YWCA OF COLUMBUS 65 SOUTH FOURTH STREET COLUMBUS, OH 43215	31-4379597	501(C)(3)	50,000.	0.			WOMEN'S HUMAN SERVICES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

COMMUNITY GRANTS - STEWARDSHIP IS A KEY FUNCTION OF THE GRANTS COMMITTEES AND BOARD. GRANT REQUESTS ARE SCREENED BY PROFESSIONAL STAFF AND THEN RECEIVE CAREFUL LAY LEADER SCRUTINY AND REVIEW AT VARIOUS LEVELS PRIOR TO FORMAL BOARD ACTION. POST-APPROVAL PROCEDURES INCLUDE BUDGET MONITORING, STATUS REPORTS AND PROGRAM EVALUATION REVIEWS BY GRANTS DIRECTOR PRIOR TO RELEASE OF FUNDS. VOLUNTEER ENGAGEMENT TAKES PLACE THROUGHOUT ALL PHASES OF THE GRANTS CYCLE.



**Part IV** Supplemental Information

DONOR ADVISED FUNDS - GIFT RECOMMENDATIONS ARE SCRUPULOUSLY REVIEWED BY FOUNDATION PROFESSIONAL STAFF AND LAY LEADERSHIP FOR COMPLIANCE ISSUES, INCLUDING BUT NOT LIMITED TO EXEMPT STATUS OF BENEFICIARIES, QUID PRO QUO AND SELF-INUREMENT ISSUES, COMPLIANCE WITH PPA 2006/H.R. 4, ETC. REVIEW TAKES PLACE AT STAFF LEVEL AS WELL AS BY LAY-VOLUNTEER REVIEW COMMITTEE. FORMAL AUTHORIZATION OF DISBURSEMENTS OCCURS AT BOARD MEETINGS. ALL DAF DONORS RECEIVE WRITTEN GUIDELINES (ALSO INCORPORATED IN DAF FUND AGREEMENTS) AND "DO'S AND DON'TS" PROTOCOLS, AS WELL AS PERIODIC UPDATES AND REMINDERS.

IN BOTH OF THE ABOVE, BOARD IS FULLY ENGAGED IN FOUNDATION GRANTS OPERATIONS TO GUARD AGAINST REAL AND PERCEIVED ABUSES AND TO BUILD DONOR AND PUBLIC TRUST THROUGH FORMALIZED POLICIES, PROCEDURES AND PRACTICES CONSISTENT WITH JEWISH ETHICAL CONDUCT AND GOOD GOVERNANCE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBUS TORAH ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: JEWISH STUDIES FOR ELEMENTARY & SECONDARY AGE STUDENTS; FURNITURE-UPPER SCHOOL CLASSROOMS; LANGUAGE ARTS LOWER SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GYM; FILM FESTIVAL; MACCABI GAMES; GALLERY PLAYERS; SECURITY UPGRADES; EARLY CHILDHOOD EDUCATION; J TALK SERIES; HANDICAP VAN; BOOKFAIR

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATION OF COLUMBUS

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD & STRENGTHEN THE COLUMBUS

**Part IV Supplemental Information**

JEWISH COMMUNITY; HOLOCAUST SURVIVOR CAMPAIGN; CAMPERSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: LORI SCHOTTENSTEIN CHABAD CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATIONAL & RELIGIOUS PROGRAMS; FRIENDSHIP CIRCLE; LIFETOWN; NEW ALBANY MIKVAH; YAHRZEITS; COMMEMORATIVE WINDOW; CAMP

NAME OF ORGANIZATION OR GOVERNMENT: OHIOHEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: RIVERSIDE METHODIST HOSPITAL MATERNITY UNIT; HOSPICE; KOBACKER HOUSE; ALAN & BOBBIE WEILER NURSING FUND

NAME OF ORGANIZATION OR GOVERNMENT: OSU FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY BOOK CLUB; KIRWAN INST; CREATIVE WRITING; JAMES FUND FOR LIFE; SCHOTTENSTEIN BASKETBALL; WEXNER MEDICAL CENTER; JAMES EXPANSION; MULTI SPORT ARENA; OHIO SCHOLARSHIP CHALLENGE

NAME OF ORGANIZATION OR GOVERNMENT: WEXNER HERITAGE VILLAGE

(H) PURPOSE OF GRANT OR ASSISTANCE: LONG TERM HEALTHCARE FOR DISABLED ELDERLY INDIVIDUALS; CAMPAIGN TO REVOLUTIONIZE CARE; ELDER ABUSE CONFERENCE; ZUSMAN HOSPICE; BUSINESS STRATEGY PHASE III; NURSE AIDE TRAINING INST; VEHICLE W/ WHEEL CHAIR LIFT

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**COLUMBUS JEWISH FOUNDATION**

Employer identification number

**31-1384772**

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JACKIE JACOBS CHIEF EXECUTIVE OFFICER	(i)	161,060.	0.	1,584.	5,080.	29,180.	196,904.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TAMRA FITZPATRICK CHIEF FINANCIAL OFFICER	(i)	144,105.	0.	552.	4,512.	24,774.	173,943.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **COLUMBUS JEWISH FOUNDATION** Employer identification number **31-1384772**

**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	89	2,810,819.	MARKET VALUE
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	X	1	330,000.	IND. CERT. APPRAISAL
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

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

Schedule M (Form 990) (2016)

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING A COMBINATION OF THE NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS RECEIVED.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES THIRD PARTIES TO SELL NONCASH CONTRIBUTIONS WHEN NECESSARY. THE CONTRIBUTORS OF THE NONCASH CONTRIBUTIONS ARE RESPONSIBLE FOR PAYMENT OF THE THIRD PARTIES' SERVICES.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

COLUMBUS JEWISH FOUNDATION

Employer identification number

31-1384772

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

FUNDS. OUR GRANTS ARE PROVIDED FOR INNOVATIVE PROGRAMS, COMMUNITY  
DEVELOPMENT, EMERGENCIES FACING THE JEWISH WORLD, AND SECURING  
COMMUNITY RESOURCES FOR GENERATIONS TO COME.

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

THE FOUNDATION DEVELOPS AND MANAGES ENDOWMENTS, PLANNED GIVING, AND  
DONOR-ADVISED PHILANTHROPIC FUNDS. OUR GRANTS ARE PROVIDED FOR  
INNOVATIVE PROGRAMS, COMMUNITY DEVELOPMENT, EMERGENCIES FACING THE  
JEWISH WORLD, AND SECURING COMMUNITY RESOURCES FOR GENERATIONS TO COME.

FORM 990, PART VI, SECTION A, LINE 4:

THE CODE OF REGULATIONS WAS AMENDED ON JUNE 7, 2017. THE SIZE OF THE BOARD  
OF TRUSTEES WAS REDUCED FROM 36 TO A MAXIMUM OF 17 INDIVIDUALS, AND THE  
AMOUNT OF OFFICER POSITIONS ON THE BOARD OF TRUSTEES WAS REDUCED FROM SEVEN  
TO FOUR POSITIONS. THE BOARD OF TRUSTEES TURNED OVER ON JULY 1, 2017, SO  
THESE CHANGES WILL BE REFLECTED ON THE JUNE 30, 2018 YEAR-END RETURN.

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

THE CHIEF FINANCIAL OFFICER AND THE CHIEF EXECUTIVE OFFICER REVIEW A DRAFT  
OF THE FEDERAL FORM 990 AND RECOMMEND ANY CHANGES TO THE TAX PREPARER. THE  
REVISED FEDERAL FORM 990 IS THEN DISTRIBUTED TO THE FINANCE COMMITTEE FOR  
FINAL REVIEW. THE FULL BOARD IS PROVIDED WITH A COPY OF FEDERAL FORM 990  
PRIOR TO FILING WITH THE IRS.



Name of the organization

COLUMBUS JEWISH FOUNDATION

Employer identification number

31-1384772

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

THE CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL BOARD MEMBERS AT THE BEGINNING OF EACH FISCAL YEAR. EACH OFFICER, TRUSTEE AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:

- A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,
- B. HAS READ AND UNDERSTANDS THE POLICY,
- C. HAS AGREED TO COMPLY WITH THE POLICY, AND
- D. UNDERSTANDS THE FOUNDATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSES.

IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT

Name of the organization COLUMBUS JEWISH FOUNDATION	Employer identification number 31-1384772
--	--

OF INTEREST, IT SHALL TAKE APPROPRIATE CORRECTIVE ACTION.

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

COMPENSATION IS REVIEWED BY THE FOUNDATION'S VOLUNTEER PERSONNEL COMMITTEE AND THEN APPROVED BY THE FINANCE COMMITTEE. THE COMMITTEE REVIEWS SALARY LEVELS OF AGENCY EXECUTIVES WITH COMPARABLE ENDOWMENT PROGRAMS THROUGH THE USE OF FEDERAL FORMS 990 AND PUBLISHED NONPROFIT SALARY GUIDES. BUDGET IS SUBSEQUENTLY ACTED UPON BY EXECUTIVE COMMITTEE AND BOARD. THIS COMPENSATION SETTING PROCESS AND SUBSEQUENT DECISIONS ARE DOCUMENTED IN MEETING MINUTES.

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

COPIES OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON WRITTEN OR VERBAL REQUEST TO THE COLUMBUS JEWISH FOUNDATION, FOR THE SAME PERIOD OF TIME AS SET FORTH IN THE INTERNAL REVENUE CODE SECTION 6104(D).

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

CSV CHANGE OF LIFE INSURANCE	373,024.
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FORM 990, PART XII, LINE 1, OTHER ACCOUNTING METHOD:

INCOME TAX BASIS

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization **COLUMBUS JEWISH FOUNDATION** Employer identification number **31-1384772**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WEISS FAMILY FOUNDATION - 31-1608779 1175 COLLEGE AVE COLUMBUS, OH 43209	GRANTS FOR RELIGIOUS, SCIENTIFIC AND LITERARY PURPOSES & SUPPORT OF CJF	OHIO	501 (C)(3)	LINE 12B, II	N/A		X
EBNER FAMILY FOUNDATION - 33-1050370 1175 COLLEGE AVE COLUMBUS, OH 43209	RENTAL OF OFFICE SPACE TO SUPPORTED ORGANIZATIONS	OHIO	501 (C)(3)	LINE 12A, I	N/A		X

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

Schedule R (Form 990) 2016

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

(a) 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) Disproportionate 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign 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
			COLUMBUS JEWISH FOUNDATION						
CHARITABLE REMAINDER TRUST (13)	CHARITABLE TRUST	OH	COLUMBUS JEWISH FOUNDATION					X	
			COLUMBUS JEWISH FOUNDATION						
CHARITABLE LEAD TRUST (2)	CHARITABLE TRUST	OH	COLUMBUS JEWISH FOUNDATION					X	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on 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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

**Part VII Supplemental Information.**

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

(This area contains horizontal lines for supplemental information.)

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

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

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

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

		Enter filer's identifying number
<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>COLUMBUS JEWISH FOUNDATION</b>	Employer identification number (EIN) or  <b>31-1384772</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1175 COLLEGE AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>COLUMBUS, OH 43209</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**TAMRA FITZPATRICK, CFO**

• The books are in the care of ▶ **1175 COLLEGE AVENUE - COLUMBUS, OH 43209**  
 Telephone No. ▶ **(614) 338-2365** Fax No. ▶ **614-338-2361**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.