

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization JEWISH FEDERATION OF GREATER METROWEST NJ
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
901 Route 10
 City or town, state or province, country, and ZIP or foreign postal code
Whippany, NJ, 07981

D Employer identification number
22-1487222

E Telephone number
973-929-3092

F Name and address of principal officer: Howard Rabner
901 Route 10, Whippany, NJ 07981

G Gross receipts \$ 30,822,950

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

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

J Website: ▶ www.jfedgmw.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1924 **M** State of legal domicile: NJ

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>FEDERATION CARES FOR PEOPLE IN NEED, BUILDS JEWISH LIFE, AND SAVES THE WORLD, ONE PERSON AT A TIME, EVERYDAY.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	63
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	62
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	165
	6	Total number of volunteers (estimate if necessary)	6	375
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>22,544,757</u>	Current Year <u>23,150,864</u>
	9	Program service revenue (Part VIII, line 2g)	<u>1,294,016</u>	<u>1,295,451</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>2,893,347</u>	<u>1,870,501</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>1,614,292</u>	<u>1,968,650</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>28,346,412</u>	<u>28,285,466</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>13,280,920</u>	<u>12,642,107</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>6,006,186</u>	<u>6,643,899</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>42,908</u>	<u>56,817</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,817,131</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>6,655,130</u>	<u>6,910,993</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>25,985,144</u>	<u>26,253,816</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>2,361,268</u>	<u>2,031,650</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>80,198,593</u>	End of Year <u>77,965,354</u>
	21	Total liabilities (Part X, line 26)	<u>21,936,588</u>	<u>20,317,854</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>58,262,005</u>	<u>57,647,500</u>

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
Howard Rabner, CFO/COO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____
 Firm's name ▶ _____ Firm's EIN ▶ _____
 Firm's address ▶ _____ Phone no. _____

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 Yes No

1 Briefly describe the organization's mission:

FEDERATION CARES FOR PEOPLE IN NEED, BUILDS JEWISH LIFE, AND SAVES THE WORLD, ONE PERSON AT A TIME EVERYDAY. IT STANDS AT THE CENTER OF A NETWORK OF 27 LOCAL AND FOUR OVERSEAS PARTNER AGENCIES TO HELP MEET THE EDUCATIONAL, VOCATIONAL, RECREATIONAL, AND SOCIAL NEEDS OF THE GREATER METROWEST
(Continued on Schedule O, Statement 1)

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 No

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 15,079,583 including grants of \$ 7,548,651) (Revenue \$ 1,351,829)

ALLOCATIONS TO JEWISH COMMUNITY AGENCIES LOCALLY: FUNDING IS DIRECTED TO 501(C)(3) ORGANIZATIONS LOCATED OR PROVIDING SERVICES IN NEW JERSEY (PARTICULARLY ESSEX, MORRIS, SUSSEX, UNION AND PARTS OF SOMERSET COUNTIES) TO MEET THE HUMAN SERVICE NEEDS OF INDIVIDUALS WITH EMPHASIS ON JEWISH INDIVIDUALS, STRENGTHEN JEWISH COMMUNAL LIFE THROUGH EDUCATIONAL AND CULTURAL EVENTS, AND TO CREATE STRONG BONDS BETWEEN JEWS IN THE LOCAL COMMUNITY AND THOSE IN JEWISH COMMUNITIES AROUND THE WORLD. SPECIFIC SERVICES SUPPORTED INCLUDE: JEWISH EDUCATION, SENIOR SERVICES, VOCATIONAL SERVICES, MENTAL HEALTH COUNSELING FOR ALL AGES, SERVICES FOR ALL INDIVIDUALS WITH SPECIAL NEEDS AND THEIR FAMILIES, AND SOCIAL AND RECREATIONAL PROGRAMMING. THEIR FAMILIES, AND SOCIAL AND RECREATIONAL PROGRAMMING.

4b (Code:) (Expenses \$ 5,093,456 including grants of \$ 5,093,456) (Revenue \$ 0)

ALLOCATIONS TO SERVE JEWISH COMMUNITIES OVERSEAS: FUNDING IS DIRECTED TO A VARIETY OF NONPROFITS (NGOS) EITHER LOCATED OR OPERATING ABROAD-FACILITATED PRIMARILY THROUGH JEWISH FEDERATIONS OF NORTH AMERICA, AN AMERICAN 501(C)(3)-TO MEET HUMAN SERVICE NEEDS OF JEWS IN COUNTRIES THROUGHOUT THE WORLD, STRENGTHEN JEWISH COMMUNAL LIFE THROUGH EDUCATION AND CULTURE, PROVIDE FOR THE SAFETY OR RESCUE OF JEWS IN HOSTILE LOCATIONS OR SITUATIONS, AND CREATE STRONG CULTURAL BONDS BETWEEN JEWS ABROAD AND IN THE LOCAL COMMUNITY IN NEW JERSEY. JEWISH COMMUNITIES IN ISRAEL AND IN THE COUNTRIES OF THE FORMER SOVIET UNION RECEIVE PARTICULAR FOCUS

4c (Code:) (Expenses \$ 448,032 including grants of \$ 0) (Revenue \$ 218,502)

DIRECT PROGRAM SERVICES: THE ORGANIZATION DIRECTLY DELIVERS A VARIETY OF SERVICES TO THE COMMUNITY, INCLUDING: JEWISH EDUCATIONAL AND CULTURAL PROGRAMMING-WITH PARTICULAR EMPHASES ON STRENGTHENING CONNECTIONS WITH THE JEWISH COMMUNITY IN ISRAEL, IMPARTING THE LESSONS OF THE HOLOCAUST, AND DEVELOPING LEADERSHIP IN THE COMMUNITY-AS WELL AS PUBLIC ADVOCACY ON ISSUES OF RELEVANCE TO THE JEWISH COMMUNITY. THE ORGANIZATION ALSO PLANS FOR COMMUNITY NEEDS AND COORDINATES THE SERVICES OF OTHER LOCAL NONPROFITS TO MOST EFFECTIVELY ADDRESS THEM.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **20,621,071**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	✓	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
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>	✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

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

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	75		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	165		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NJ
- 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: ►
Lara Gootblatt, (973)929-3000

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 dotted 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			
Leslie Dannin Rosenthal President	5 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Lori Klinghoffer Past President	1 0	<input checked="" type="checkbox"/>						0	0	0
Samuel Pepper Treasurer	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Stephanie Sherman Secretary	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Kenneth R Heyman Trustee	1 0	<input checked="" type="checkbox"/>						0	0	0
Scott Krieger Trustee	1 0	<input checked="" type="checkbox"/>						0	0	0
Maxine B Murnick Trustee	1 0	<input checked="" type="checkbox"/>						0	0	0
Joan Schiffer Levinson Trustee	1 0	<input checked="" type="checkbox"/>						0	0	0
Jonathan Liss Trustee	1 0	<input checked="" type="checkbox"/>						0	0	0
Rabbi Elliot Mathias Trustee	1 0	<input checked="" type="checkbox"/>						0	0	0
Paula Saginaw Trustee	1 0	<input checked="" type="checkbox"/>						0	0	0
Stacey Davis Trustee	1 0	<input checked="" type="checkbox"/>						0	0	0
Peter A Langerman Assistant Treasurer	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Mindy Goldberger Vice President	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
Eric Harvitt	1									
Vice President	0	✓		✓			0	0	0	
Steven D Levy	1									
Vice President	0	✓		✓			0	0	0	
Gary Wingens	1									
Vice President	0	✓		✓			0	0	0	
Andrea G Bier	1									
Trustee	0	✓					0	0	0	
Gary O Aidekman	1									
Trustee	0	✓					0	0	0	
Shari Brandt	1									
Trustee	0	✓					0	0	0	
Pamela Brewster	1									
Trustee	0	✓					0	0	0	
Jody Caplan	1									
Trustee	0	✓					0	0	0	
Lawrence Chodor	1									
Trustee	0	✓					0	0	0	
Mariela Dybner	1									
Trustee	0	✓					0	0	0	
Michael Elchiness	1									
Trustee	0	✓					0	0	0	
Anna Fisch	1									
Trustee	0	✓					0	0	0	
Martin S Fox	1									
Trustee	0	✓					0	0	0	
Stacie Friedman	1									
Trustee	0	✓					0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
Terri Friedman	1									
Trustee	0	✓					0	0	0	
Amy Gallatin	1									
Trustee	0	✓					0	0	0	
Mark Glajchen	1									
Trustee	0	✓					0	0	0	
Rebecca Gold	1									
Trustee	0	✓					0	0	0	
Ellen Goldner	1									
Trustee	0	✓					0	0	0	
Neil B Goldstein	1									
Trustee	0	✓					0	0	0	
Joyce Goldstein	1									
Trustee	0	✓					0	0	0	
Renee Golush	1									
Trustee	0	✓					0	0	0	
Gordon Haas	1									
Trustee	0	✓					0	0	0	
Lynne B Harrison	1									
Trustee	0	✓					0	0	0	
Sanford Hollander	1									
Trustee	0	✓					0	0	0	
Mindy Kahn	1									
Trustee	0	✓					0	0	0	
Merle H Kalishman	1									
Trustee	0	✓					0	0	0	
Jeri Kimowitz	1									
Trustee	0	✓					0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
Alan Kirshenbaum	1									
Trustee	0	✓					0	0	0	
Steven H Klinghoffer	1									
Trustee	0	✓					0	0	0	
Robert G Kuchner	1									
Trustee	0	✓					0	0	0	
Glenn Langberg	1									
Trustee	0	✓					0	0	0	
Marcy Lazar	1									
Trustee	0	✓					0	0	0	
David Lentz	1									
Trustee	0	✓					0	0	0	
Lisa Lisser	1									
Trustee	0	✓					0	0	0	
Jay M Murnick	1									
Trustee	0	✓					0	0	0	
Lee S Murnick	1									
Trustee	0	✓					0	0	0	
Scott Newman	1									
Trustee	0	✓					0	0	0	
Daniel Ramer	1									
Trustee	0	✓					0	0	0	
Sharon Rockman	1									
Trustee	0	✓					0	0	0	
Don Rosenthal	1									
Trustee	0	✓					0	0	0	
Amy Ganz Sadeghi	1									
Trustee	0	✓					0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
Maxine Schwartz	1									
Trustee	0	✓					0	0	0	
Carol Simon	1									
Trustee	0	✓					0	0	0	
Michael Simon	1									
Trustee	0	✓					0	0	0	
Andrew J Stelman	1									
Trustee	0	✓					0	0	0	
Ira H Steinberg	1									
Trustee	0	✓					0	0	0	
Jon Ulanet	1									
Trustee	0	✓					0	0	0	
Norman Weinberg	1									
Trustee	0	✓					0	0	0	
Dov Ben-Shimon	40									
Asst Secy, Exec. VP/CEO	10	✓		✓			352,236	0	35,833	
Howard Rabner	40									
CFO/COO	10			✓			197,363	0	21,707	
Stanley Stone	40									
Sr VP	10			✓			246,498	0	21,707	
Jeffrey Korbman	50									
Asst Exec VP	0				✓		165,159	0	21,986	
Shelley Labiner	50									
Chief Marketing Dir, term 8/25/15	0					✓	235,648	0	269	
Michael Katz	50									
Donor, Corp Devel Dir	0					✓	142,269	0	16,121	
Hilaria Gootblatt	47.5									
Corporate Controller	2.5					✓	122,933	0	2,819	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 0					
	b Membership dues	1b 0					
	c Fundraising events	1c 26,257					
	d Related organizations	1d 2,711,047					
	e Government grants (contributions)	1e 30,000					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 20,383,560					
	g Noncash contributions included in lines 1a-1f: \$	978,133					
	h Total. Add lines 1a-1f	▶	23,150,864				
Program Service Revenue	Business Code						
	2a Educational Programs	611600	1,157,031	1,157,031	0	0	
	b Services to affiliated entities	561499	138,420	138,420	0	0	
	c _____						
	d _____						
	e _____						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f	▶	1,295,451					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	636,153	0	0	636,153	
	4 Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5 Royalties	▶	0	0	0	0	
	6a Gross rents	(i) Real	4,328,681				
		(ii) Personal	0				
		b Less: rental expenses	2,279,729				
		c Rental income or (loss)	2,048,952				
	d Net rental income or (loss)	▶	2,048,952	0	0	2,048,952	
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,234,348				
		(ii) Other	0				
		b Less: cost or other basis and sales expenses	0				
		c Gain or (loss)	1,234,348				
	d Net gain or (loss)	▶	1,234,348	0	0	1,234,348	
	8a Gross income from fundraising events (not including \$ 26,257 of contributions reported on line 1c). See Part IV, line 18	a	114,324				
		b Less: direct expenses	257,755				
c Net income or (loss) from fundraising events . ▶			-143,431		0	-143,431	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code					
11a Misc Revenues	900099	46,487	39,735	0	6,752		
b Production Income	900099	16,642	16,642	0	0		
c _____							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d	▶	63,129					
12 Total revenue. See instructions.	▶	28,285,466	1,351,828	0	3,782,774		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,548,651	7,548,651		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,093,456	5,093,456		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	923,165	85,617	362,693	474,855
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	4,471,092	2,457,133	870,220	1,143,739
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	204,811	103,428	44,124	57,259
9 Other employee benefits	723,344	365,284	155,834	202,226
10 Payroll taxes	321,487	162,349	69,260	89,878
11 Fees for services (non-employees):				
a Management				
b Legal	4,298	1,202	2,856	240
c Accounting	59,001	16,498	39,203	3,300
d Lobbying				
e Professional fundraising services. See Part IV, line 17	56,817			56,817
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	99,728			99,728
12 Advertising and promotion	590,011	517,049	72,962	0
13 Office expenses	878,605	229,405	456,292	192,908
14 Information technology	1,049,357	899,531	149,826	0
15 Royalties	0			
16 Occupancy	705,028	305,792	283,665	115,571
17 Travel	226,776	164,399	40,696	21,681
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	128,293	127,066	624	603
21 Payments to affiliates	871,301	871,301		
22 Depreciation, depletion, and amortization	315,572	95,366	119,743	100,463
23 Insurance	88,155	55,524	20,011	12,620
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Misc Exp</u>	40,390	14,500	17,824	8,066
b <u>Bad Debt Exp</u>	453,461	216,284	0	237,177
c <u>Program expenses</u>	1,291,236	1,291,236	0	0
d <u>Other Expenses</u>	109,781	0	109,781	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	26,253,816	20,621,071	2,815,614	2,817,131
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,894	1	1,604
	2 Savings and temporary cash investments	5,166,284	2	5,092,110
	3 Pledges and grants receivable, net	15,991,568	3	14,862,897
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	2,862,082	7	2,767,644
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	360,709	9	347,032
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,839,070		
	b Less: accumulated depreciation	3,052,236		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	51,258,332	12	50,517,253
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	3,489,883	15	3,589,980
16 Total assets. Add lines 1 through 15 (must equal line 34)	80,198,593	16	77,965,354	
Liabilities	17 Accounts payable and accrued expenses	4,110,345	17	3,537,415
	18 Grants payable	0	18	0
	19 Deferred revenue	263,766	19	256,976
	20 Tax-exempt bond liabilities	11,665,000	20	10,914,200
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	216,641	23	169,687
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,680,836	25	5,439,576
	26 Total liabilities. Add lines 17 through 25	21,936,588	26	20,317,854
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	21,032,582	27	22,160,539
	28 Temporarily restricted net assets	16,964,823	28	13,400,498
	29 Permanently restricted net assets	20,264,600	29	22,086,463
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	58,262,005	33	57,647,500
34 Total liabilities and net assets/fund balances	80,198,593	34	77,965,354	

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	28,285,466
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,253,816
3	Revenue less expenses. Subtract line 2 from line 1	3	2,031,650
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58,262,005
5	Net unrealized gains (losses) on investments	5	-2,640,516
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,639
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	57,647,500

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 checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization JEWISH FEDERATION OF GREATER METROWEST NJ	Employer identification number 22-1487222
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (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 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)(vii)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,044,481	28,671,699	23,874,503	22,544,757	23,124,607	119,260,047
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	21,044,481	28,671,699	23,874,503	22,544,757	23,124,607	119,260,047
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,297,127
6 Public support. Subtract line 5 from line 4.						116,962,920

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	21,044,481	28,671,699	23,874,503	22,544,757	23,124,607	119,260,047
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,492,857	4,544,990	3,477,750	4,674,258	4,964,834	22,154,689
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	241,040	192,788	420,911	114,060	63,129	1,031,928
11 Total support. Add lines 7 through 10						142,446,664
12 Gross receipts from related activities, etc. (see instructions)					12	9,321,026
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	82.11 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	86.17 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2015. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2014. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
4b	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>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . .			
d Excess from 2014 . . .			
e Excess from 2015 . . .			

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.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: JEWISH FEDERATION OF GREATER METROWEST NJ; Employer identification number: 22-1487222

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Questions 1a-2 regarding art and historical treasures, including revenue and asset reporting.

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

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	32,132,434	30,571,507	26,297,345	18,112,850	17,238,963
b Contributions	2,016,363	2,712,034	1,130,885	7,606,901	1,671,582
c Net investment earnings, gains, and losses	-632,813	549,235	4,132,896	1,466,547	-185,429
d Grants or scholarships	2,174,395	1,426,216	683,844	707,410	457,192
e Other expenditures for facilities and programs	1,043,473	274,126	305,775	181,543	155,074
f Administrative expenses	0	0	0	0	0
g End of year balance	30,298,116	32,132,434	30,571,507	26,297,345	18,112,850

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 73 %
- c** Temporarily restricted endowment ▶ 27 %

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

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

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

	Yes	No
3a(i)		✓
3a(ii)	✓	
3b	✓	

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	1,189,546	795,872	393,674
d Equipment	0	2,586,488	2,200,716	385,772
e Other	0	63,036	55,648	7,388
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				786,834

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	0	
(2) Closely-held equity interests	608,763	End-of-Year Market Value
(3) Other Money Market Funds	1,084,600	End-of-Year Market Value
(A) Pooled Investments - Affiliate	5,214,412	End-of-Year Market Value
(B) Israel Bonds	247,362	End-of-Year Market Value
(C) Equity Pool - Affiliate	3,423,416	End-of-Year Market Value
(D) Held by Affiliate	39,938,700	End-of-Year Market Value
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	50,517,253	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Post retirement health benefits	845,447
(3) Pension payable	4,313,774
(4) Due to beneficiary agencies	135,456
(5) Security deposits	144,899
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	5,439,576

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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.

Schedule D, Part V, Line 4 - THE FEDERATION HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR 5 PERCENT OF ITS ENDOWMENT FUND'S AVERAGE FAIR VALUE OVER THE PRIOR 13 QUARTERS THROUGH THE FISCAL YEAR-END PRECEDING THE FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED. IN ESTABLISHING THIS POLICY, THE FEDERATION CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT. ACCORDINGLY, OVER THE LONG TERM, THE FEDERATION EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF 3 PERCENT ANNUALLY. THIS IS CONSISTENT WITH FEDERATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN. ATTACHMENT

Schedule D, Part X, Line 2 - SCHEDULE D, PART X, LINE 2 - THE FEDERATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE AND LOCAL TAXES UNDER COMPARABLE LAWS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS, OTHER THAN FOR UNRELATED BUSINESS INCOME TAX AS REQUIRED. THERE ARE NO UNCERTAIN TAX POSITIONS AT ANY OF THE ORGANIZATIONS. IN ADDITION, THERE ARE NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS REPORTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

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

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISH FEDERATION OF GREATER METROWEST NJ

Employer identification number

22-1487222

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Middle East and North Africa	1	4	Grantmaking	MONITORING GRANTS	5,067,256
(2) Russia and the newly independ	0	0	Grantmaking	MONITORING GRANTS	26,200
(3) Middle East and North Africa	0	0	Investments	NONE	247,362
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	4			5,340,818

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Middle East and Nor	General support	5,067,256	Wires, checks	0		
(2)			Russia and the new	Needy Jewish childre	26,200	Wires, checks	0		
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities **▶ 0**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

Schedule F, Part I, Line 2 - FOREIGN ACTIVITIES: GRANT FUNDS PAID TO FOREIGN NGOS LOCATED IN ISRAEL ARE MONITORED BY THE ORGANIZATION THROUGH EXPENDITURE AND PROGRAM REPORTING. ANNUAL AUDITS OF THE ORGANIZATIONS ARE PERFORMED WHICH MUST BE SUBMITTED AND WHICH ARE REVIEWED ANNUALLY TO ENSURE THAT THE GRANT FUNDS ARE PROPERLY USED FOR APPROVED PROGRAM ACTIVITIES. JEWISH FEDERATION OF GREATER METROWEST NJ (FEDERATION) HAS INCLUDED \$5,093,456 OF GRANT FUNDING PAID TO JEWISH FEDERATION OF NORTH AMERICA (JFNA) ON SCHEDULE F BASED ON THE INSTRUCTIONS TO SCHEDULE F THAT REQUIRE THAT FUNDS PAID TO A US ORGANIZATION TO BE USED IN FOREIGN LOCATIONS BE SHOWN ON SCHEDULE F. IN REGARD TO THE MONITORING OF THESE FUNDS, FEDERATION REPORTS GRANTS ON SCHEDULE I TO JFNA, WHICH IS A 501(C)(3) DOMESTIC U.S. CHARITY. IN ADDITION, JFNA, AND ITS BENEFICIARY AGENCIES, UNITED ISRAEL APPEAL (UIA), A SUBSIDIARY OF JFNA , AND JDC - BOTH 501(C)(3) ORGANIZATIONS- EACH FILE A SEPARATE FORM 990 AND DETAILED SCHEDULES F.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

JEWISH FEDERATION OF GREATER METROWEST NJ

Employer identification number

22-1487222

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 See Schedule G, Part IV, Statement 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				291,435	56,817	234,618

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

FL, NJ

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Epstein Leadership Dev (event type)	LIVE from GMW (event type)	11 (total number)	
Revenue	1 Gross receipts	51,816	23,575	65,190	140,581
	2 Less: Contributions	26,257	0	0	26,257
	3 Gross income (line 1 minus line 2)	25,559	23,575	65,190	114,324
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	25,084	30,954	74,840	130,878
	8 Entertainment	372	35,960	69,371	105,703
	9 Other direct expenses	104	284	20,786	21,174
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				257,755
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-143,431	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

Fundraiser Activity Information

Name and Address	Activity	C1	Gross Receipts	C2	C3
Target Outreach Inc 2006 Southern Blvd Suite 101 Rio Rancho, NM 87124	Telemarketing	No	291,435	56,817	234,618
Total:			291,435	56,817	234,618

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

JEWISH FEDERATION OF GREATER METROWEST NJ

22-1487222

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 non-cash assistance	(h) Purpose of grant or assistance
(1) <u>Sch I, Stmt 1</u>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 38
 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

Schedule I, Part I, Line 2 - GRANT MONITORING--THE ORGANIZATION MAKES ANNUAL GRANTS TO NONPROFIT ORGANIZATIONS. THE ORGANIZATION HAS A GRANT PROCESS THAT INCLUDES MONITORING THE USE OF THE GRANT FUNDS. THE GRANTEE SUBMITS A BUDGET DURING THE APPLICATION PROCESS. THE GRANTEE MEETS WITH A MONITORING COMMITTEE TWICE ANNUALLY TO REVIEW THE GRANTEE'S COMPLIANCE WITH THE USE OF FUNDS. THEY ARE ALSO REQUIRED TO PROVIDE QUARTERLY EXPENDITURE REPORTS, QUARTERLY FINANCIAL STATEMENTS, AND ANNUAL AUDITS. ALL DOCUMENTATION IS REVIEWED TO ENSURE THAT THE GRANT FUNDS ARE BEING SPENT IN ACCORDANCE WITH THE INTENDED USE. FOREIGN TRANSACTIONS PASS-THROUGH US ORGANIZATION--JEWISH FEDERATION OF GREATER METROWEST NJ (FEDERATION) HAS INCLUDED \$5,093,456 OF GRANT FUNDING PAID TO JEWISH FEDERATION OF NORTH AMERICA (JFNA) ON SCHEDULE F BASED ON THE INSTRUCTIONS TO SCHEDULE F THAT REQUIRE THAT FUNDS PAID TO A US ORGANIZATION TO BE USED IN FOREIGN LOCATIONS BE SHOWN ON SCHEDULE F. IN REGARD TO THE MONITORING OF THESE FUNDS, FEDERATION REPORTS GRANTS ON SCHEDULE I TO JFNA, WHICH IS A 501(C)(3) DOMESTIC U.S. CHARITY. IN ADDITION, JFNA, AND ITS BENEFICIARY AGENCIES, UNITED ISRAEL APPEAL (UIA), A SUBSIDIARY OF JFNA, AND JDC - BOTH 501(C)(3) ORGANIZATIONS- EACH FILE A SEPARATE AND DETAILED FORM 990.

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	American Coalition Against A Nuclear Iran Inc PO Box 1028 New York, NY 10185	26-2387657	23,000	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Non profit advocacy, educational			
Name and address	B'nai B'rith Youth Organization Inc 800 8th Street NW Washington, DC 20001	31-1794932	7,750	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Israel edu, awareness			
Name and address	Bnei Akiva 520 8th Ave 15th Fl New York, NY 10018	13-3713762	11,750	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Zionist education for youth			
Name and address	Birthright Israel Foundation PO BOX 1784 New York, NY 10156	13-4092050	156,000	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Israel edu awareness for young adults			
Name and address	Daughters of Israel Geriatric Center 1155 Pleasant Valley Way West Orange, NJ 07052	22-1487162	2,745,098	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Local nursing home			
Name and address	Episcopal Diocese of Newark 31 Mulberry St Newark, NJ 07102	31-1629166	30,000	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Human Trafficking Program			
Name and address	Foundation for Jewish Camps 15 West 36th St New York, NY 10018	22-3551013	9,000	
IRC code section	501(c)(3)			
Method of valuation				

Desc. of Non-Cash Asst.

Purpose of grant	Jewish camping		
Name and address	Friendship Circle 10 Microlab Road Livingston, NJ 07039	22-6017975	15,401
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Special needs children		
Name and address	Golda Och Academy 1418 Pleasant Valley Way West Orange, NJ 07052	22-1779887	215,322
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish education		
Name and address	Gottesman RTW Academy 146 Dover Chester Road Randolph, NJ 07869	22-1833220	18,026
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish education		
Name and address	Hebrew Academy of Morris County 146 Dover Chester Road Randolph, NJ 07896	22-1833220	103,014
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Local day school education		
Name and address	Hebrew Free Loan Society of New Jersey 265 Columbia Tpk Suite 105 Florham Park, NJ 07932	52-1931966	19,721
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Interest free loans for the needy		
Name and address	Jespy House 102 Prospect St South Orange, NJ 07079	22-2186490	21,600
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Developmentally disabled adults		
Name and address	Jewish Community Center of Central NJ 1391 Martine Ave Scotch Plains, NJ 07076	22-2667094	126,993
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish programs for local community		
Name and address	Jewish Community Center of MetroWest NJ	22-2680030	932,084

	760 Northfield Avenue West Orange, NJ 07052		
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish programs for local community		
Name and address	Jewish Educational Center 330 Elmora Ave Elizabeth, NJ 07208	22-1549747	151,980
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish education		
Name and address	Jewish Family Services of Central NJ 655 Westfield Ave Elizabeth, NJ 07208	22-1487364	229,461
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Local families in economic distress		
Name and address	Jewish Family Services of MetroWest NJ 256 Columbia Turnpike Florham Park, NJ 07932	22-1687995	491,578
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Local families in economic distress		
Name and address	Jewish Federations of North America 25 Broadway Suite 1700 New York, NY 10004	13-1624240	513,750
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Shlichim program, general		
Name and address	Jewish Historical Society of MetroWest 901 Route 10 Whippany, NJ 07981	22-3054709	11,250
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish history		
Name and address	Jewish Labor Committee 25 East 21 St New York, NY 10010	13-1675650	6,772
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	General support		
Name and address	Jewish Service for the Developmentally Disabled of MetroWest 395 Pleasant Valley Way West Orange, NJ 07052	22-3479872	21,600
IRC code section	501(c)(3)		
Method of valuation			

Desc. of Non-Cash Asst.

Purpose of grant	Developmentally disabled adults		
Name and address	Jewish Vocational Services of MetroWest NJ 245 Eisenhower Pwy Suite 2150 Livingston, NJ 07039	22-1487229	258,041
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Vocational services for the needy		
Name and address	Joseph Kushner Hebrew Academy 110 So Orange Avenue Livingston, NJ 07039	22-1520392	228,861
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish education		
Name and address	Junior League of the Oranges and Short Hills 105 Main St Millburn, NJ 07041	22-1665465	10,500
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Human Trafficking Program		
Name and address	Life's Door 3145 Coney Island Ave Brooklyn, NY 11235	04-3589944	10,600
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Health awareness		
Name and address	NCSY 11 Broadway 14th Fl New York, NY 10004	00-0000000	11,500
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish teen programs		
Name and address	New Jersey Y Camps 21 Plymouth St Fairfield, NJ 07004	22-1487266	12,550
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish camping for all ages		
Name and address	NFTY Israel 46 Bowen Road Warwick, NY 10990	13-1663143	20,750
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Israel summer programs		
Name and address	Partnership for Jewish Learning and Life	27-0144390	806,965

	901 Route 10 Whippany, NJ 07981		
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Educational and cultural organization		
Name and address	Ramah Camping Movement 3080 Broadway New York, NY 10027	13-6161110	5,800
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish camping		
Name and address	Rutgers University 7 College Ave New Brunswick, NJ 08901	23-7318742	6,800
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Studies abroad		
Name and address	Rutgers University Hillel 93 College Avenue New Brunswick, NJ 08901	26-0177367	57,764
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Educational and cultural organization		
Name and address	Sinai Special Needs Institute 1485 Teaneck Road Suite 304 Teaneck, NJ 07666	22-2942402	14,055
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Special needs edu in Jewish community		
Name and address	Temple Emanu-El 756 East Broad St Westfield, NJ 07090	22-1686929	19,000
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Ma'ayan edu progr for special needs students		
Name and address	United Synagogue of Conservative Judaism 1090 King Georges Post Rd Edison, NJ 08837	00-0000000	6,400
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Spiritual, intellectual, managerial Jewish network		
Name and address	Yachad National Jewish Council for Disabilities 11 Broadway 13th fl New York, NY 10004	13-5623717	5,500
IRC code section	501(c)(3)		
Method of valuation			

Desc. of Non-Cash Asst.

Purpose of grant Jewish developmentally disabled

Name and address	YM-YWHA OF Union County	22-2663795	158,457
	501 Green Lane		
	Union, NJ 07083		

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Local Jewish cultural programs

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

JEWISH FEDERATION OF GREATER METROWEST NJ

Employer identification number

22-1487222

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., 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	1b	
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 in line 1a?	2	
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"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	✓
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✓
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	✓
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	✓
b Any related organization?	5b	✓
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	✓
b Any related organization?	6b	✓
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	✓
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	8	✓
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported 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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Dov Ben-Shimon, Asst Secy, Exec. VP/CEO	(i)	342,236	0	10,000	18,000	17,833	388,069	0
	(ii)	0	0	0	0	0	0	0
2 Howard Rabner, COO/CFO	(i)	182,363	0	15,000	0	24,257	221,620	0
	(ii)	0	0	0	0	0	0	0
3 Jeffrey Korbman, Asst Exec VP	(i)	160,159	0	5,000	0	21,986	187,145	0
	(ii)	0	0	0	0	0	0	0
4 Stanley Stone, Sr VP	(i)	236,330	0	10,168	0	21,707	268,205	0
	(ii)	0	0	0	0	0	0	0
5 Shelley Labiner, Chief Marketing Dir, term 8/25/15	(i)	148,625	78,500	8,523	0	269	235,917	0
	(ii)	0	0	0	0	0	0	0
6 Michael Katz, Donor, Corp Devel Dir	(i)	136,269	0	6,000	0	16,121	158,390	0
	(ii)	0	0	0	0	0	0	0
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J, Part I, Line 4 - (A) A SEVERANCE PAYMENT WAS INCLUDED IN THE BASE COMPENSATION IN COLUMN B(i) FOR SHELLEY LABINER IN THE AMOUNT OF 78,500.
(B)THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR DOV BEN-SHIMON INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F)
PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUAL
MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN THE INDIVIDUAL'S 2015 FORM W-2, BOX 5,
AS TAXABLE MEDICARE WAGES.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

JEWISH FEDERATION OF GREATER METROWEST NJ

Employer identification number

22-1487222

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	Essex County Improvement Authority	22-2023989		07/01/2005	12,425,000	Bond to finance constuction		✓		✓		✓
B												
C												
D												

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired		0						
2	Amount of bonds legally defeased		0						
3	Total proceeds of issue		12,425,000						
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds		0						
6	Proceeds in refunding escrows		0						
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds		0						
9	Working capital expenditures from proceeds		12,425,000						
10	Capital expenditures from proceeds								
11	Other spent proceeds		0						
12	Other unspent proceeds								
13	Year of substantial completion		2007						
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		✓						
15	Were the bonds issued as part of an advance refunding issue?		✓						
16	Has the final allocation of proceeds been made?	✓							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		✓						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		✓						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		✓						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0 %		%		%		%
6 Total of lines 4 and 5		0 %		%		%		%
7 Does the bond issue meet the private security or payment test?		✓						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	✓							
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	✓							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**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.

Name of the organization

Employer identification number

JEWISH FEDERATION OF GREATER METROWEST NJ

22-1487222

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	✓	134	978,133	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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 is not required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

JEWISH FEDERATION OF GREATER METROWEST NJ

Employer identification number

22-1487222

Form 990, Part III, Line 1 - ADDITIONAL PROGRAMS INCLUDE EFFORTS TO MAKE JEWISH EDUCATION AFFORDABLE, JEWISH CAMPING, ISRAEL EDUCATION AND ADVOCACY, LEADERSHIP DEVELOPMENT, AND BIRTHRIGHT ISRAEL. ITS WORK CAN ALSO BE SEEN IN ACTION ON MISSIONS TO ISRAEL AND OTHER PARTS OF THE WORLD; FEDERATION HAS SEVEN PARTNER COMMUNITIES IN ISRAEL AND TWO IN UKRAINE. THERE ARE MANY WAYS TO BECOME INVOLVED IN FEDERATION, ALL OF WHICH OFFER EDUCATIONAL, SOCIAL, AND NETWORKING OPPORTUNITIES AND THE SATISFACTION OF BEING PART OF A VIBRANT COMMUNITY WORKING TO MEET URGENT HUMAN NEEDS. THE FEDERATION SUMMARIZES ITS MISSION AS TOGETHER, WE CARE, WE BUILD, WE SAVE.

Form 990, Part VI, Section A, Line 2 - THE FOLLOWING MEMBERS OF THE BOARD OF TRUSTEES HAVE FAMILY RELATIONSHIPS: LORI KLINGHOFFER, STEVEN H KLINGHOFFER, MAXINE B MURNICK, JAY M MURNICK, LEE S MURNICK, NEIL B GOLDSTEIN, JOYCE GOLDSTEIN.

Form 990, Part VI, Section A, Line 4 - EFFECTIVE JUNE 16, 2015, THE BOARD OF TRUSTEES OF THE JEWISH FEDERATION OF GREATER METRO WEST NJ APPROVED AN AMENDMENT TO THE BY-LAWS WHEREBY THE SIZE OF THE BOARD SHOULD BE REDUCED FROM OVER 200 TO NO MORE THAN 65 PERSONS.

Form 990, Part VI, Section B, Line 11b - THE BUDGET AND FINANCE COMMITTEE WILL REVIEW AND ANALYZE FORM 990. THE BUDGET AND FINANCE COMMITTEE HAS THE AUTHORITY TO REVIEW AND APPROVE FORM 990 PER A BOARD RESOLUTION.

Form 990, Part VI, Section B, Line 12c - THE FEDERATION REQUIRES ALL BOARD MEMBERS TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY. COMPLETED FORMS ARE REVIEWED BY THE CFO FOR POSSIBLE CONFLICTS. THE EXECUTIVE COMMITTEE IS MADE AWARE OF ANY CONFLICTS. IN THE CASE OF CONFLICTS, THESE BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES FROM PARTICPATING ON ISSUES THAT CREATE THE CONFLICT OF INTEREST.

Form 990, Part VI, Section B, Line 15 - PERFORMANCE REVIEWS ARE PREPARED FOR EACH OF THESE EMPLOYEES. THE NATIONAL SALARY SURVEY FOR LARGE FEDERATIONS IS USED TO HELP DETERMINE THE COMPENSATION OF TOP RANKING EMPLOYEES OF FEDERATION. THE SALARIES ARE SUBJECT TO APPROVAL BY THE SALARIES AND PERSONNEL PRACTICES COMMITTEE WHOSE MEMBERS INCLUDE PAST PRESIDENTS AND OTHER SENIOR LEADERSHIP OF THE ORGANIZATION. THE ORGANIZATION HAS A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT. A REVIEW OF THE "TOTAL COMPENSATION" FOR EACH INDIVIDUAL IS MADE BY THE SALARIES AND PERSONNEL PRACTICES COMMITTEE OF THE BOARD OF TRUSTEES, WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE. THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING: 1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT; 2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND 3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE MEMBERS OF THE BOARD OF TRUSTEES EACH ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE BOARD AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO ALL SENIOR MANAGEMENT PERSONNEL.

Form 990, Part VI, Section C, Line 19 - THE FORM 990 AND THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE FORM CAN ALSO BE OBTAINED FROM THE ORGANIZATION DIRECTLY THROUGH WRITTEN REQUEST. ALL OTHER POLICIES AND GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

Supplemental Information (Continued)

Form 990, Part VII, Section A, Line 1a - THE EMPLOYEES OF THE JEWISH FEDERATION OF GREATER METROWEST NJ ALSO PROVIDE SERVICES FOR THE JEWISH COMMUNITY FOUNDATION OF GREATER METROWEST NJ AS PRESENTED IN COLUMN (B).

Form 990, Part XI, Line 9 - OTHER CHANGES IN NET ASSETS OF (5,639) IS AN ADJUSTMENT FOR DEFINED BENEFITS PLANS.

Mission Description

Description

JEWISH COMMUNITY AND BEYOND. ENCOMPASSING ESSEX, MORRIS, SUSSEX, UNION, AND PARTS OF SOMERSET COUNTY, FEDERATION IS THE NINTH LARGEST FEDERATION IN THE COUNTRY, SERVING APPROXIMATELY 126,000 PEOPLE. THROUGH ITS ANNUAL UNITED JEWISH APPEAL CAMPAIGN OF GREATER METROWEST NJ, IT RAISES AND ALLOCATES THE FUNDS NEEDED TO RESPOND TO THE DIVERSITY OF JEWISH NEEDS ON AN ONGOING BASIS AND IN EMERGENT SITUATIONS. AMONG THE MANY PROGRAMS THAT FEDERATION SUPPORTS ARE EXPANDED SERVICES FOR THE UNEMPLOYED , CRISIS COUNSELING FOR FAMILIES, SUPPORTIVE SERVICES FOR SENIORS, JEWISH IDENTITY BUILDING INITIATIVES, PROGRAMS AND SERVICES FOR PEOPLE WITH SPECIAL NEEDS AND THEIR FAMILIES.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISH FEDERATION OF GREATER METROWEST NJ

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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

22-1487222

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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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
(1) <u>See Schedule R, Part VII, Statement 1</u>							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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
(1) THE JEWISH TIMES (22-1424195) 901 Route 10, Whippany, NJ 07981	Newspaper	NJ	JFGMWNJ	C	-424,378	524,407	100%	<input checked="" type="checkbox"/>	
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	✓	
b Gift, grant, or capital contribution to related organization(s)	✓	
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)	✓	
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)	✓	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses	✓	
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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
<u>JEWISH COMMUNITY FDN OF GREATER METROWEST</u>	a-iv	2,434,604	FMV
(1) <u>PARTNERSHIP FOR JEWISH LEARNING AND LIFE</u>	a-iv	109,992	FMV
(2) <u>THE JEWISH TIMES</u>	a-iv	84,996	FMV
(3) <u>PARTNERSHIP FOR JEWISH LEARNING AND LIFE</u>	b	768,868	FMV
(4) <u>JEWISH COMMUNITY FDN OF GREATER METROWEST</u>	c	2,711,047	FMV
(5) <u>(Continued on Schedule R, Part VII, Statement 2)</u>			
(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 section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Description of Identification of Related Tax-Exempt Organizations

Name and EIN JEWISH COMMUNITY FDN OF GREATER METROWEST (22-1714130)
Address 901 ROUTE 10
 WHIPPANY, NJ 07981
Primary activities GRANTMAKING
State or foreign country NJ
Exempt code section 501(C)(3)
Public charity status 7
Direct controlling entity JFGMW
512(b)(13) controlled organization? Yes

Name and EIN PARTNERSHIP FOR JEWISH LEARNING AND LIFE (27-0144390)
Address 901 ROUTE 10
 WHIPPANY, NJ 07981
Primary activities EDUCATIONAL
State or foreign country NJ
Exempt code section 501(C)(3)
Public charity status 7
Direct controlling entity JFGMW
512(b)(13) controlled organization? Yes

Name and EIN SOBEL FAMILY SUPPORTING FOUNDATION (22-3699941)
Address 901 ROUTE 10
 WHIPPANY, NJ 07981
Primary activities CHARITY
State or foreign country NJ
Exempt code section 501(C)(3)
Public charity status 11 TYPE 1
Direct controlling entity Jewish Community Foundation of Greater MW JCF
512(b)(13) controlled organization? Yes

Name and EIN ROCKER FAMILY FOUNDATION (22-3699940)
Address 901 ROUTE 10
 WHIPPANY, NJ 07981
Primary activities CHARITY
State or foreign country NJ
Exempt code section 501(C)(3)
Public charity status 11 TYPE 1
Direct controlling entity JCF
512(b)(13) controlled organization? Yes

Name and EIN WILLIAM AND BETTY LESTER FOUNDATION (22-3063176)
Address 901 ROUTE 10
 WHIPPANY, NJ 07981
Primary activities CHARITY
State or foreign country NJ
Exempt code section 501(C)(3)
Public charity status 11 TYPE 1
Direct controlling entity JCF
512(b)(13) controlled organization? Yes

Name and EIN LEAH & EDWARD FRANKEL SUPPORTING FDN (22-3506484)
Address 901 ROUTE 10
 WHIPPANY, NJ 07981
Primary activities CHARITY

Schedule R, Part VII, Statement 1

JEWISH FEDERATION OF GREATER METROWEST NJ

State or foreign country NJ
 Exempt code section 501(C)(3)
 Public charity status 11 TYPE 1
 Direct controlling entity JCF
 512(b)(13) controlled organization? Yes

Name and EIN POLANER FAMILY SUPPORTING FOUNDATION (52-1793845)
 Address 901 ROUTE 10
 WHIPPANY, NJ 07981
 Primary activities CHARITY
 State or foreign country NJ
 Exempt code section 501(C)(3)
 Public charity status 11 TYPE 1
 Direct controlling entity JCF
 512(b)(13) controlled organization? Yes

Name and EIN UJA BENEFIT CONCERT SUPPORTING FDN (52-1958332)
 Address 901 ROUTE 10
 WHIPPANY, NJ 07981
 Primary activities CHARITY
 State or foreign country NJ
 Exempt code section 501(C)(3)
 Public charity status 11 TYPE 1
 Direct controlling entity JCF
 512(b)(13) controlled organization? Yes

Name and EIN COOPERMAN FAMILY FUND FOR A JEWISH FUTURE (22-3892931)
 Address 901 ROUTE 10
 WHIPPANY, NJ 07981
 Primary activities CHARITY
 State or foreign country NJ
 Exempt code section 501(C)(3)
 Public charity status 11 TYPE 1
 Direct controlling entity JCF
 512(b)(13) controlled organization? Yes

Name and EIN JEROME & PAULA GOTTESMAN FAMILY SF (22-3056144)
 Address 901 ROUTE 10
 WHIPPANY, NJ 07981
 Primary activities CHARITY
 State or foreign country NJ
 Exempt code section 501(C)(3)
 Public charity status 11 TYPE 1
 Direct controlling entity JCF
 512(b)(13) controlled organization? Yes

Name and EIN BETH EL MEMORIAL PARK FOUNDATION (52-1860878)
 Address 901 ROUTE 10
 WHIPPANY, NJ 07981
 Primary activities CHARITY
 State or foreign country NJ
 Exempt code section 501(C)(3)
 Public charity status 11 TYPE 1
 Direct controlling entity JCF
 512(b)(13) controlled organization? Yes

Name and EIN HEBREW FREE LOAN OF METROWEST (52-1931966)
 Address 901 ROUTE 10
 WHIPPANY, NJ 07981

Primary activities CHARITY
State or foreign country NJ
Exempt code section 501(C)(3)
Public charity status 11 TYPE 1
Direct controlling entity JCF
512(b)(13) controlled organization? Yes

Name and EIN METROWEST COMM SUPP FDN SAMECH (22-3829229)
Address 901 ROUTE 10
 WHIPPANY, NJ 07981
Primary activities CHARITY
State or foreign country NJ
Exempt code section 501(C)(3)
Public charity status 11 TYPE 1
Direct controlling entity JCF
512(b)(13) controlled organization? Yes

Name and EIN METROWEST COMM SUPP FDN AYIN (22-3829234)
Address 901 ROUTE 10
 WHIPPANY, NJ 07981
Primary activities CHARITY
State or foreign country NJ
Exempt code section 501(C)(3)
Public charity status 11 TYPE 1
Direct controlling entity JCF
512(b)(13) controlled organization? Yes

Name and EIN METROWEST COMM SUPP FDN PAY (22-3829225)
Address 901 ROUTE 10
 WHIPPANY, NJ 07981
Primary activities CHARITY
State or foreign country NJ
Exempt code section 501(C)(3)
Public charity status 11 TYPE 1
Direct controlling entity JCF
512(b)(13) controlled organization? Yes

Name and EIN BERSON FAMILY SUPPORTING FOUNDATION (22-2872256)
Address 901 ROUTE 10
 WHIPPANY, NJ 07981
Primary activities CHARITY
State or foreign country NJ
Exempt code section 501(C)(3)
Public charity status 11 TYPE 1
Direct controlling entity JCF
512(b)(13) controlled organization? Yes

Name and EIN COORDINATED CARE OF METROWEST (22-3684509)
Address 901 ROUTE 10
 WHIPPANY, NJ 07981
Primary activities CHARITY
State or foreign country NJ
Exempt code section 501(C)(3)
Public charity status 11 TYPE 1
Direct controlling entity JCF
512(b)(13) controlled organization? Yes

Description of Covered Relationships and Transaction Thresholds

		Amt. involved
Name	COOPERMAN FAMILY FUND FOR A JEWISH FUTURE	130,000
Transaction type	c	
Method of determining amt. involved	FMV	
Name	WILLIAM AND BETTY LESTER FOUNDATION	239,617
Transaction type	c	
Method of determining amt. involved	FMV	
Name	ROCKER FAMILY FOUNDATION	215,000
Transaction type	c	
Method of determining amt. involved	FMV	
Name	UJA BENEFIT CONCERT SUPPORTING FDN	175,000
Transaction type	c	
Method of determining amt. involved	FMV	
Name	SOBEL FAMILY SUPPORTING FOUNDATION	54,800
Transaction type	c	
Method of determining amt. involved	FMV	
Name	BERSON FAMILY SUPPORTING FOUNDATION	25,000
Transaction type	c	
Method of determining amt. involved	FMV	
Name	JEWISH COMMUNITY FDN OF GREATER METROWEST	5,400,000
Transaction type	d	
Method of determining amt. involved	FMV	
Name	JEWISH COMMUNITY FDN OF GREATER METROWEST	16,200
Transaction type	l	
Method of determining amt. involved	FMV	
Name	PARTNERSHIP FOR JEWISH LEARNING AND LIFE	36,300
Transaction type	l	
Method of determining amt. involved	FMV	
Name	THE JEWISH TIMES	32,904
Transaction type	l	
Method of determining amt. involved	FMV	
Name	THE JEWISH TIMES	425,874
Transaction type	m	
Method of determining amt. involved	FMV	
Name	JEWISH COMMUNITY FDN OF GREATER METROWEST	1,426,301
Transaction type	o	
Method of determining amt. involved	FMV	
Name	PARTNERSHIP FOR JEWISH LEARNING AND LIFE	982,439
Transaction type	o	
Method of determining amt. involved	FMV	
Name	THE JEWISH TIMES	1,625,018
Transaction type	o	
Method of determining amt. involved	FMV	
Name	JEWISH COMMUNITY FDN OF GREATER METROWEST	7,479
Transaction type	p	
Method of determining amt. involved	FMV	

