

Return of Organization Exempt From Income Tax

2016

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 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 20 17

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 \$ 33,602,622

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)

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

H(c) Group exemption number ▶

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	59
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	59
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	162
	6	Total number of volunteers (estimate if necessary)	6	400
	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 23,150,864	Current Year 23,176,453
	9	Program service revenue (Part VIII, line 2g)	1,295,451	1,431,011
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,870,501	4,744,876
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,968,650	1,134,213
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,285,466	30,486,553
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,642,107	11,767,349
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,643,899	14,277,864
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	56,817	29,951
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>4,259,982</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,910,993	8,055,585
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	26,253,816	34,130,749	
19	Revenue less expenses. Subtract line 18 from line 12	2,031,650	-3,644,196	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 77,965,354	End of Year 97,175,805
	21	Total liabilities (Part X, line 26)	20,317,854	33,263,723
	22	Net assets or fund balances. Subtract line 21 from line 20	57,647,500	63,912,082

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: Howard Rabner, CFO/COO Date: _____
 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 \$ 20,582,694 including grants of \$ 6,967,866) (Revenue \$ 1,565,641)

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 \$ 4,819,483 including grants of \$ 4,819,483) (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 \$ 487,092 including grants of \$ 0) (Revenue \$ 158,148)

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 **25,889,269**

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No checkboxes. Includes sub-tables for numerical entries (1a, 1b, 2a, 7d, 10a, 10b, 11a, 11b, 12b, 13b, 13c).

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: ►
Angela B Such, (973)929-3000
901 Route 10, Whippany, NJ 07981

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	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Lori Klinghoffer Immediate Past President	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Samuel Pepper Treasurer	1 0	<input checked="" type="checkbox"/>		<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
Stephanie Sherman Secretary	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Robert G Kuchner Pres Jewish Comm Foundation	1 0	<input checked="" type="checkbox"/>						0	0	0
Jody Hurwitz Caplan Vice President	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
Eric Harvitt Vice President	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Scott Krieger Vice President	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Gary Wingens Vice President	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Gary O Aidekman Trustee	1 0	<input checked="" type="checkbox"/>						0	0	0
Shari Brandt Trustee	1 0	<input checked="" type="checkbox"/>						0	0	0
Pamela Brewster Trustee	1 0	<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			
Lisa Buber	1									
Trustee	0	✓					0	0	0	
Lawrence Chodor	1									
Trustee	0	✓					0	0	0	
Seth Cohen	1									
Trustee	0	✓					0	0	0	
Mariela Dybner	1									
Trustee	0	✓					0	0	0	
Michael Elchouss	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	
Terri Friedman	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	

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			
Gordon Haas	1									
Trustee	0	✓					0	0	0	
Kenneth R Heyman	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	
Alan Kirshenbaum	1									
Trustee	0	✓					0	0	0	
Steven H Klinghoffer	1									
Trustee	0	✓					0	0	0	
Murray J Laulich	1									
Trustee	0	✓					0	0	0	
Joan Schiffer Levinson	1									
Trustee	0	✓					0	0	0	
Steven D Levy	1									
Trustee	0	✓					0	0	0	
Jonathan Liss	1									
Trustee	0	✓					0	0	0	
Lisa Lisser	1									
Trustee	0	✓					0	0	0	
Rabbi Elliot Mathias	1									
Trustee	0	✓					0	0	0	
Jay M Murnick	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			
Lee S Murnick	1									
Trustee	0	✓					0	0	0	
Maxine B Murnick	1									
Trustee	0	✓					0	0	0	
Scott Newman	1									
Trustee	0	✓					0	0	0	
Sheryl Pearlstein	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	
Karen L Rozenberg	1									
Trustee	0	✓					0	0	0	
Amy Ganz Sadeghi	1									
Trustee	0	✓					0	0	0	
Paula Saginaw	1									
Trustee	0	✓					0	0	0	
Maxine Schwartz	1									
Trustee	0	✓					0	0	0	
Carol Simon	1									
Trustee	0	✓					0	0	0	
Ira H Steinberg	1									
Trustee	0	✓					0	0	0	
Gerald N Tuch	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			
Jon Ulanet	1									
Trustee	0	✓					0	0	0	
Norman Weinberg	1									
Trustee	0	✓					0	0	0	
Mark Wilf	1									
Trustee	0	✓					0	0	0	
Dov Ben-Shimon	32									
Asst Secy Exec VP/CEO	8			✓			355,093	0	38,633	
Howard Rabner	30									
COO/CFO	10			✓			200,161	0	23,293	
Daniel Staffenberg	27									
Chief Devel Officer	13			✓			193,667	0	20,633	
Stanley Stone	8									
Exec Dir	32			✓			253,606	0	23,293	
Sarabeth Wizen	40									
Women Phil Dir	0					✓	125,448	0	307	
Michael Katz	40									
Donor Corp Devel Dir	0					✓	143,488	0	17,112	
Robert Lichtman	40									
Chief Learning Officer	0					✓	182,697	0	17,198	
Hilaria Fiesta	38									
Controller	2					✓	126,100	0	330	
Jessica Mehlman	40									
Chief Plan Officer	0					✓	128,385	0	340	

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	8,935				
	d Related organizations	1d	3,955,185				
	e Government grants (contributions)	1e	30,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,182,333				
	g Noncash contributions included in lines 1a-1f: \$		994,627				
	h Total. Add lines 1a-1f		23,176,453				
Program Service Revenue	Business Code						
	2a <u>Education Programs</u>	611600	1,323,411	1,323,411	0	0	
	b <u>Services to affiliated entities</u>	561499	107,600	107,600	0	0	
	c _____						
	d _____						
	e _____						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f		1,431,011					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		738,139	0	0	738,139	
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5 Royalties		0	0	0	0	
	6a Gross rents	(i) Real	3,972,871				
		(ii) Personal	0				
		b Less: rental expenses	2,797,587				
		c Rental income or (loss)	1,175,284				
	d Net rental income or (loss)		1,175,284	0	0	1,175,284	
	7a Gross amount from sales of assets other than inventory	(i) Securities	4,006,737				
		(ii) Other	0				
		b Less: cost or other basis and sales expenses	0				
		c Gain or (loss)	4,006,737				
	d Net gain or (loss)		4,006,737	0	0	4,006,737	
	8a Gross income from fundraising events (not including \$ 8,935 of contributions reported on line 1c). See Part IV, line 18	a	118,347				
		b Less: direct expenses	318,482				
		c Net income or (loss) from fundraising events .		-200,135		0	-200,135
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses							
c Net income or (loss) from gaming activities . .							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a <u>Misc revenues</u>	900099	140,662	139,578	0	1,084		
b <u>Production income</u>	900099	18,402	18,402	0	0		
c _____							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d		159,064					
12 Total revenue. See instructions.		30,486,553	1,588,991	0	5,721,109		

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	6,947,866	6,947,866		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,819,483	4,819,483		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	872,935	271,423	327,816	273,696
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	0	0	0
7 Other salaries and wages	5,445,954	3,292,142	909,554	1,244,258
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,732,210	3,795,304	1,317,836	1,619,070
9 Other employee benefits	797,999	450,035	156,265	191,699
10 Payroll taxes	428,766	241,805	83,961	103,000
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	5,771	0	5,771	0
c Accounting	84,306	41,823	40,713	1,770
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	29,951			29,951
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	176,449		72,480	103,969
12 Advertising and promotion	807,585	635,215	81,832	90,538
13 Office expenses	989,951	377,660	461,653	150,638
14 Information technology	977,103	938,868	38,235	0
15 Royalties	0	0	0	0
16 Occupancy	817,410	463,211	196,415	157,784
17 Travel	304,449	232,239	49,506	22,704
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	308,857	257,700	22,958	28,199
21 Payments to affiliates	838,300	838,300	0	0
22 Depreciation, depletion, and amortization	241,427	89,356	79,066	73,005
23 Insurance	75,312	51,041	13,340	10,931
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>Miscellaneous</u>	49,637	16,497	25,653	7,487
b <u>Bad debt expense</u>	800,303	649,020	0	151,283
c <u>Program expenses</u>	1,480,281	1,480,281	0	0
d <u>Other expenses</u>	98,444	0	98,444	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	34,130,749	25,889,269	3,981,498	4,259,982
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	1,604	1	1,604
	2 Savings and temporary cash investments	5,092,110	2	5,254,304
	3 Pledges and grants receivable, net	14,862,897	3	14,138,166
	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	2,767,644	7	14,059,881
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	347,032	9	352,967
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,894,182		
	b Less: accumulated depreciation	3,207,676		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	50,517,253	12	58,575,777
	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	3,589,980	15	4,106,600
16 Total assets. Add lines 1 through 15 (must equal line 34)	77,965,354	16	97,175,805	
Liabilities	17 Accounts payable and accrued expenses	3,537,415	17	4,006,659
	18 Grants payable	0	18	0
	19 Deferred revenue	256,976	19	457,941
	20 Tax-exempt bond liabilities	10,914,200	20	10,165,000
	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	169,687	23	229,741
	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	5,439,576	25	18,404,382
	26 Total liabilities. Add lines 17 through 25	20,317,854	26	33,263,723
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	22,160,539	27	24,874,032
	28 Temporarily restricted net assets	13,400,498	28	15,628,275
	29 Permanently restricted net assets	22,086,463	29	23,409,775
	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	57,647,500	33	63,912,082
34 Total liabilities and net assets/fund balances	77,965,354	34	97,175,805	

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	30,486,553
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,130,749
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,644,196
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,647,500
5	Net unrealized gains (losses) on investments	5	2,628,628
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	7,280,150
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	63,912,082

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		✓
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	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization 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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,671,699	23,874,503	22,544,757	23,124,607	23,176,518	121,392,084
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	28,671,699	23,874,503	22,544,757	23,124,607	23,176,518	121,392,084
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)						3,531,742
6 Public support. Subtract line 5 from line 4						117,860,342

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	28,671,699	23,874,503	22,544,757	23,124,607	23,176,518	121,392,084
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,544,990	3,477,750	4,674,258	4,964,834	4,711,010	22,372,842
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.)	192,788	420,911	114,060	63,129	159,064	949,952
11 Total support. Add lines 7 through 10						144,714,878
12 Gross receipts from related activities, etc. (see instructions)					12	7,868,365
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 2016 (line 6, column (f) divided by line 11, column (f))	14	81.44 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	82.11 %
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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 12a or 12b 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.		Yes	No
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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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).			

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

2016

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 include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and 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.

Form for Part III with questions (1a, 1b, 2) regarding collections of art and historical treasures, including revenue and asset reporting requirements.

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	30,298,116	32,132,434	30,571,507	26,297,345	18,112,850
b Contributions	1,381,761	2,016,363	2,712,034	1,130,885	7,606,901
c Net investment earnings, gains, and losses	4,438,671	-632,813	549,235	4,132,896	1,466,547
d Grants or scholarships	1,375,190	2,174,395	1,426,216	683,844	707,410
e Other expenditures for facilities and programs	1,122,962	1,043,473	274,126	305,775	181,543
f Administrative expenses	0	0	0	0	0
g End of year balance	33,620,396	30,298,116	32,132,434	30,571,507	26,297,345

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 ▶ 70 %
- c** Temporarily restricted endowment ▶ 30 %

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	1,189,547	871,552	317,995
d Equipment	0	2,641,598	2,278,378	363,220
e Other	0	63,037	57,746	5,291
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				686,506

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	End-of-Year Market Value
(2) Closely-held equity interests	608,763	End-of-Year Market Value
(3) Other Money Market Funds	543,715	End-of-Year Market Value
(A) Pooled Investments - Affiliate	5,344,066	End-of-Year Market Value
(B) Israel Bonds	208,862	End-of-Year Market Value
(C) Equity Pool - Affiliate	4,068,542	End-of-Year Market Value
(D) Held by Affiliate	47,801,829	End-of-Year Market Value
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	58,575,777	

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	859,978
(3) Pension payable	17,321,673
(4) Due to beneficiary agencies	61,883
(5) Security deposits	160,848
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	18,404,382

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 - 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.

Schedule D, Part X, Line 2 - 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

2016

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 the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Middle East and North Africa	1	1	Grantmaking	MONITORING GRANTS	4,799,483
(2) Russia and the newly independent states	0	0	Grantmaking	MONITORING GRANTS	20,000
(3) Middle East and North Africa	0	0	Investments	NONE	208,862
(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	1			5,028,345

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Middle East and Nor	General support	4,799,483	Wires, checks	0		
(2)			Russia and the new	Wires, checks	20,000	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 **2**

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 noncash assistance	(g) Description of noncash 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 - 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 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 \$4,819,483 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, line 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

2016

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 10 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				225,720	29,951	195,769

- 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))
		LIVE from GMW (event type)	Major Gifts Event (event type)	10 (total number)	
Revenue	1 Gross receipts	39,985	30,675	56,622	127,282
	2 Less: Contributions	0	0	8,935	8,935
	3 Gross income (line 1 minus line 2)	39,985	30,675	47,687	118,347
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	31,709	20,720	40,672	93,101
	8 Entertainment	87,000	25,000	13,838	125,838
	9 Other direct expenses	13,534	8,093	77,916	99,543
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				318,482
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-200,135	

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	225,720	29,951	195,769
Total:			225,720	29,951	195,769

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

2016

**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 noncash 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 ▶ 39
 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 GRANTEES' COMPLIANCE WITH THE USE OF THESE 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 \$4,819,483 OF GRANT FUNDING PAID TO JEWISH FEDERATIONS 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 MONITORING OF THESE FUNDS, FEDERATION REPORTS GRANTS ON SCHEDULE I TO JFNA, WHICH IS A 501(C)(3) DOMESTIC US CHARITY. IN ADDITION, JFNA, AND IT 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	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	B'nai B'rith Youth Organization Inc 800 8th Street NW Washington, DC 20001	31-1794932	7,700	
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	9,650	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Zionist education for youth			
Name and address	Camp JRF 1299 Church Road Wyncote, PA 19095	36-4478803	6,400	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Jewish camping			
Name and address	Camp Kinder Ring 335 Sylvan Lake Road Hopewell Junction, NY 12533	13-4014418	10,000	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Jewish camping			
Name and address	Camp Louemma 48 Stiles Lane Pine Brook, NJ 07058	11-1661356	8,000	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Jewish camping			
Name and address	Camp Ramah in The Berkshires 25 Rockwood Place Englewood, NJ 07631	13-1997276	9,000	
IRC code section	501(c)(3)			
Method of valuation				

Desc. of Non-Cash Asst.

Purpose of grant	Jewish camping		
Name and address	Camp Young Judaea Sprout Lake 575 8th Ave New York, NY 10018	13-2830437	12,000
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish camping		
Name and address	Camp Zeke 1295 Fifth Ave New York, NY 10029	46-1869615	12,800
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish camping		
Name and address	Daughters of Israel Geriatric Center 1155 Pleasant Valley Way West Orange, NJ 07052	22-1487162	2,756,800
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Local nursing home		
Name and address	Eden Village Camp 392 Dennytown Rd Putnam Valley, NY 10579	26-4373931	11,900
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	15,400
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	267,656
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	22-1833220	61,011

	146 Dover Chester Road Randolph, NJ 07869		
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	105,741
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	19,621
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	21,900
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	177,429
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 760 Northfield Avenue West Orange, NJ 07052	22-2680030	790,062
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 Foundation 901 Route 10 Whippany, NJ 07981	22-1549747	153,920
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	General support		
Name and address	Jewish Educational Center 330 Elmora Ave Elizabeth, NJ 07208	22-1487364	164,882
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	22-1687995	257,000
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	13-1624240	479,240
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	13-1675650	429,842
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Shlichim program, general		
Name and address	Jewish Labor Committee 25 East 21 St New York, NY 10010	22-3479872	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	22-1487229	35,436
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	22-1520392	102,000
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	275,837
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish education		
Name and address	NCSY	13-5623717	12,750

Schedule I, Part IV, Statement 1

JEWISH FEDERATION OF GREATER METROWEST NJ

	11 Broadway 14th Fl New York, NY 10004		
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	13-1663143	25,829
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	26-0177367	8,500
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Israel summer programs		
Name and address	NJY CAMPS CAMP NAH-JEE-WAH 21 Plymouth St Fairfield, NJ 07004	22-2942402	71,800
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish camping		
Name and address	Pinemere Camp 4100 Main St Philadelphia, PA 19127	22-2663795	6,700
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish camping		
Name and address	Rutgers University Hillel 93 College Avenue New Brunswick, NJ 08901	22-1714130	56,901
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	22-1487266	7,281
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	United Against Nuclear Iran PO BOX 1028 New York, NY 10185	22-3779212	10,000
IRC code section	501(c)(3)		
Method of valuation			

Desc. of Non-Cash Asst.

Purpose of grant	General support		
Name and address	URJ Camp Harlam 301 City Ave Bala Cynwyd, PA 19004	33-1663143	22,400
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish camping		
Name and address	YM-YWHA OF Union County 501 Green Lane Union, NJ 07083	22-2663795	190,457
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

2016

Open to Public Inspection

JEWISH FEDERATION OF GREATER METROWEST NJ

Employer identification number

22-1487222

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		✓
4b	✓	
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Dov Ben-Shimon, Asst Secy, Exec VP/CEO	(i) 345,093	0	10,000	18,000	22,633	395,726	0
		(ii) 0	0	0	0	0	0	0
2	Howard Rabner, CFO/COO	(i) 185,161	0	15,000	0	25,843	226,004	0
		(ii) 0	0	0	0	0	0	0
3	Stanley Stone, Exec Dir	(i) 244,606	0	9,000	0	23,293	276,899	0
		(ii) 0	0	0	0	0	0	0
4	Daniel Staffenberg, Chief Devel Officer	(i) 0	0	0	0	0	0	0
		(ii) 187,667	0	6,000	0	25,633	219,300	0
5	Robert Lichtman, Chief Jewish Learning Dir	(i) 159,697	0	23,000	0	17,698	200,395	0
		(ii) 0	0	0	0	0	0	0
6	Michael Katz, Donor, Corp Devel Dir	(i) 121,565	0	21,923	0	19,662	163,150	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 - Schedule J, Part I, Line 4 -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 2016 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

2016

**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		0						
5	Capitalized interest from proceeds		0						
6	Proceeds in refunding escrows		0						
7	Issuance costs from proceeds		0						
8	Credit enhancement from proceeds		0						
9	Working capital expenditures from proceeds		12,425,000						
10	Capital expenditures from proceeds		0						
11	Other spent proceeds		0						
12	Other unspent proceeds		0						
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

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

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				
2				
3				
4				
5				
6				
7				
8				
9	✓	135	994,627	FMV
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	✓	
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 didn't 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

2016

**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 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 - 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 B, Line 11b - 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 - 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 PARTICIPATING ON ISSUES THAT CREATE THE CONFLICT OF INTEREST.

Form 990, Part VI, Section B, Line 15 - 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 - 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: 7,280,150 IS COMPRISED OF 1,185,383 WHICH IS A TRANSFER OF NET ASSETS, AND 6,093,767 WHICH IS AN ADJUSTMENT FOR DEFINED BENEFIT 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

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

2016

**Open to Public
Inspection**

Employer identification number

22-1487222

JEWISH FEDERATION OF GREATER METROWEST NJ

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) JEWISH COMMUNITY FDN OF GREATER METROWEST (22-17141) 901 ROUTE 10, WHIPPANY, NJ 07981	GRANTMAKING	NJ	501(C)(3)	7	JFGMW	✓	
(2) SOBEL FAMILY SUPPORTING FOUNDATION (22-3699941) 901 ROUTE 10, WHIPPANY, NJ 07981	CHARITY	NJ	501(C)(3)	11 TYPE 1	JCF	✓	
(3) ROCKER FAMILY FOUNDATION (22-3699940) 901 ROUTE 10, WHIPPANY, NJ 07981	CHARITY	NJ	501(C)(3)	11 TYPE 1	JCF	✓	
(4) WILLIAM AND BETTY LESTER FOUNDATION (22-3063176) 901 ROUTE 10, WHIPPANY, NJ 07981	CHARITY	NJ	501(C)(3)	11 TYPE 1	JCF	✓	
(5) LEAH & EDWARD FRANKEL SUPPORTING FDN (22-3506484) 901 ROUTE 10, WHIPPANY, NJ 07981	CHARITY	NJ	501(C)(3)	11 TYPE 1	JCF	✓	
(6) UJA BENEFIT CONCERT SUPPORTING FDN (52-1958332) 901 ROUTE 10, WHIPPANY, NJ 07981	CHARITY	NJ	501(C)(3)	11 TYPE 1	JCF	✓	
(7) (Continued on Schedule R, Part VII, Statement 1)							

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, Shippany, NJ 07981	Newspaper	NJ	JFGMW NJ	C	-689,996	394,653	100%	✓	
(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
JEWISH COMMUNITY FDN OF GREATER METROWEST	a-iv	2,436,584	FMV
(1) THE JEWISH TIMES	b	104,781	FMV
(2) JEWISH COMMUNITY FDN OF GREATER METROWEST	c	3,955,185	FMV
(3) COOPERMAN FAMILY FUND FOR A JEWISH FUTURE	c	430,000	FMV
(4) WILLIAM AND BETTY LESTER FOUNDATION	c	243,361	FMV
(5) (Continued on Schedule R, Part VII, Statement 2)			
(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 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

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 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

Description of Covered Relationships and Transaction Thresholds

		Amt. involved
Name	ROCKER FAMILY FOUNDATION	163,320
Transaction type	c	
Method of determining amt. involved	FMV	
Name	UJA BENEFIT CONCERT SUPPORTING FDN	50,000
Transaction type	c	
Method of determining amt. involved	FMV	
Name	SOBEL FAMILY SUPPORTING FOUNDATION	60,000
Transaction type	c	
Method of determining amt. involved	FMV	
Name	BERSON FAMILY SUPPORTING FOUNDATION	57,500
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	16,500
Transaction type	l	
Method of determining amt. involved	FMV	
Name	THE JEWISH TIMES	91,256
Transaction type	m	
Method of determining amt. involved	FMV	
Name	JEWISH COMMUNITY FDN OF GREATER METROWEST	1,736,457
Transaction type	o	
Method of determining amt. involved	FMV	
Name	THE JEWISH TIMES	1,962,422
Transaction type	o	
Method of determining amt. involved	FMV	
Name	JEWISH COMMUNITY FDN OF GREATER METROWEST	221,368
Transaction type	p	
Method of determining amt. involved	FMV	